Filing at a Glance

Company:	John Alden Life Insurance Company
Product Name:	Lifetime Independence
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form/Rate
Date Submitted:	11/03/2021
SERFF Tr Num:	LFCR-133039445
SERFF Status:	Closed-Approved and Filed
State Tr Num:	LFCR-133039445
State Status:	Approved & Filed
Co Tr Num:	VA JALIC 2021 RATE INCREASE
Effective Date Requested:	On Approval
Author(s):	Scarlett Nazari, Anoush Chngidakyan, Dianne Bowdish
Reviewer(s):	Bill Dismore (primary), Elsie Andy, Mark Oppe
Disposition Date:	09/14/2022
Disposition Status:	Approved and Filed
Effective Date:	

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 72.8%

Deemer Date: 10/13/2022
Submitted By: Dianne Bowdish

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/14/2022
State Status Changed: 09/14/2022
Created By: Dianne Bowdish
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

October 27, 2021

Commissioner Scott A. White
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: John Alden Life Insurance Company
NAIC No: 65080
Policy Forms:
Guaranteed Renewable Long Term Nursing Care Policy J-5762-P-VA
Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA
Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA(Q)
Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA(NQ)

Dear Commissioner White:

This rate filing is submitted on behalf of John Alden Life Insurance Company (the “company”) for your review.

Individual policy form J-5762-P-VA, et al., issued from 1993 to 1996, provides benefits for confinement in a qualified nursing facility or Home Health Care. Individual policy forms J-5875-P-VA et al., issued from 1996 to 2000, provide benefits for confinement in a qualified nursing facility, Assisted Living Facility, or Home Health care. These policy forms are no longer marketed in any state.

The company is requesting the approval of a uniform three year phase in flat increase of 20% each year on the current base rates, resulting in a cumulative 72.8% increase. The details of the rate increase are in the actuarial memorandum submitted with this cover letter.

The company will provide the following options to the policyholders to reduce the impact of the rate increase:
•Reduce the daily benefits, subject to a minimum of $20
•Change benefit options to lower the premium
•Offer a paid up option which provides a benefit pool equal to the premiums paid

The following items are included in this submission:
•This cover letter
•A letter from John Alden Life Insurance Company authorizing us to submit this filing on their behalf
•An actuarial memorandum and rate schedules
•Any other state required form

The contact person for this filing is:

Phillip Oh, FSA, MAAA
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2264
Phillip.Oh@LifeCareAssurance.com

Thank you for your assistance in reviewing this filing.

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary

Company and Contact

Filing Contact Information

Scarlett Nazari, Manager Product Filing
P.O. Box 4243
Woodland Hills, CA 91365-4243

scarlett.nazari@lifecareassurance.com
818-867-2453 [Phone]
818-867-2508 [FAX]

Filing Company Information

(This filing was made by a third party - LCA01)

John Alden Life Insurance Company
P.O. Box 4243
Woodland Hills, CA 91365-4243
(818) 867-2450 ext. [Phone]

CoCode: 65080
Group Code: 19
Group Name: Assurant Inc Grp
FEIN Number: 41-0999752

State of Domicile: Wisconsin
Company Type:
State ID Number:

State:	*Virginia*	**Filing Company:**	*John Alden Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Lifetime Independence*		
Project Name/Number:	*/*		

Filing Fees

State Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bill Dismore	09/14/2022	09/14/2022

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	09/09/2022	09/09/2022
Info has been requested from company	Bill Dismore	05/16/2022	05/16/2022
Info has been requested from company	Bill Dismore	05/10/2022	05/10/2022
Info has been requested from company	Bill Dismore	03/24/2022	03/24/2022
Info has been requested from company	Bill Dismore	03/24/2022	03/24/2022
Info has been requested from company	Bill Dismore	02/08/2022	02/08/2022
Info has been requested from company	Bill Dismore	01/05/2022	01/05/2022
Info has been requested from company	Bill Dismore	12/21/2021	12/21/2021
Info has been requested from company	Bill Dismore	11/17/2021	11/17/2021

Response Letters

Responded By	Created On	Date Submitted
Dianne Bowdish	09/12/2022	09/13/2022
Dianne Bowdish	05/16/2022	05/16/2022
Dianne Bowdish	06/07/2022	06/07/2022
Dianne Bowdish	04/21/2022	04/21/2022
Dianne Bowdish	04/26/2022	04/27/2022
Dianne Bowdish	03/07/2022	03/08/2022
Dianne Bowdish	01/21/2022	01/21/2022
Dianne Bowdish	12/27/2021	12/27/2021
Dianne Bowdish	12/16/2021	12/17/2021

State: *Virginia* **Filing Company:** *John Alden Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Lifetime Independence*
Project Name/Number: */*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	John Alden VA Response Letter 06 09 22	Dianne Bowdish	05/20/2022	05/23/2022

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RRS	Reviewer Note	Bill Dismore	12/28/2021	

State: Virginia **Filing Company:** John Alden Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Lifetime Independence
Project Name/Number: /

Disposition

Disposition Date: 09/14/2022
Effective Date:
Status: Approved and Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
John Alden Life Insurance Company	10.000%	10.000%	$11,351	90	$113,511	10.000%	10.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	NOTICE OF PREMIUM RATE INCREASE	Approved	Yes
Form (revised)	COVERAGE CHANGE REQUEST FORM	Approved	Yes
Form (revised)	See J-NPRI-VA Above		Yes
Form (revised)	See J-CCR-VA Above		Yes
Form (revised)	ENDORSEMENT	Approved	Yes
Form (revised)	ENDORSEMENT	Approved	Yes
Form (revised)	ENDORSEMENT	Approved	Yes
Form	NOTICE OF PREMIUM RATE INCREASE	Withdrawn	No
Form	NOTICE OF PREMIUM RATE INCREASE	Withdrawn	No
Form	COVERAGE CHANGE REQUEST FORM	Withdrawn	No
Form	COVERAGE CHANGE REQUEST FORM	Withdrawn	No
Form	NOTICE OF PREMIUM RATE INCREASE	Withdrawn	No
Form	COVERAGE CHANGE REQUEST FORM	Withdrawn	No
Form	ENDORSEMENT	Approved	No
Form	ENDORSEMENT	Withdrawn	No
Form	ENDORSEMENT	Withdrawn	No
Rate (revised)	John Alden VA Rate Tables	Approved	Yes
Rate	John Alden VA Rate Tables	Withdrawn	No
Supporting Document	Certification of Compliance/Readability	Received & Acknowledged	Yes

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	L&H Readability - Health		Yes
Supporting Document	TPA Authorization Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Customer Notice SOV	Filed	Yes
Supporting Document	JA-Virginia Endorsements SOV	Filed	Yes
Supporting Document (revised)	J-CCR-VA John Doe	Received & Acknowledged	Yes
Supporting Document (revised)	J-NPRI-VA John Doe	Received & Acknowledged	Yes
Supporting Document (revised)	J-CCR-VA John Doe	Received & Acknowledged	Yes
Supporting Document (revised)	J-NPO-VA John Doe	Received & Acknowledged	Yes
Supporting Document	John Alden VA Response Letter 11 17 21	Received & Acknowledged	Yes
Supporting Document	John Alden VA Response Letter 12 21 21	Received & Acknowledged	Yes
Supporting Document	John Alden VA Response Letter 01 05 22	Received & Acknowledged	Yes
Supporting Document	JALIC VA Response Attachments 01 05 22	Received & Acknowledged	Yes
Supporting Document	John Alden VA Response Letter 02 08 22	Received & Acknowledged	Yes
Supporting Document	John Alden VA Response Attachments 02 08 22	Received & Acknowledged	Yes
Supporting Document	John Alden VA Response Letter 03 24 22 #2	Received & Acknowledged	Yes
Supporting Document	John Alden VA Response Letter 03 24 22 #1	Received & Acknowledged	Yes
Supporting Document	John Alden VA Flesch Reading Score	Received & Acknowledged	Yes
Supporting Document (revised)	Redline Forms	Received & Acknowledged	Yes
Supporting Document (revised)	John Alden VA Response Letter 06 09 22	Received & Acknowledged	Yes
Supporting Document	John Alden VA Response Letter 05 10 22	Received & Acknowledged	Yes
Supporting Document	John Alden VA Response Letter 09 09 22	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Customer Notice SOV	Withdrawn	No

State: *Virginia* **Filing Company:** *John Alden Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Lifetime Independence*
Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Customer Notice SOV	Withdrawn	No
Supporting Document	J-NFO-CCR-VA John Doe	Withdrawn	No
Supporting Document	J-NPRI-VA John Doe	Withdrawn	No
Supporting Document	J-NFO-VA John Doe	Withdrawn	No
Supporting Document	J-NPO-CCR-VA John Doe	Withdrawn	No
Supporting Document	J-NPO-VA John Doe	Withdrawn	No
Supporting Document	Redline Forms	Withdrawn	No
Supporting Document	John Alden VA Response Letter 06 09 22	Withdrawn	No

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/09/2022
Submitted Date	09/09/2022
Respond By Date	10/09/2022

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- John Alden VA Rate Tables, [J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q) & (NQ)] (Rate)

- L&H Actuarial Memorandum (Supporting Document)

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The VA Bureau of Insurance has agreed with the company to a 10% rate increase.

Please revise the proposed premium rate schedule(s), the actuarial memorandum and supporting exhibits and the Long Term Care Insurance Rate Request Summary to support the 10% rate increase. Also, a Post-Submission Update needs to be submitted to revise the Rate/Rule Schedule tab, Company Rate Information.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the “Respond By Date:” above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/09/2022
Submitted Date	05/16/2022
Respond By Date	

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: In our phone conversation of 5/13/2022 the company stated that future experience included only "active policies".

1) Please explain how the company defines an "active policy". Include in the explanation if the company considers policies "on waiver" as an active policy since they are not actually in "premium paying status". Clarify if there are any 10-pay payment option policies remaining.

2) Explain how the company treats "active life reserves" if future experience was limited only to "active policies". For example, clarify if there are any active life reserves remaining on the books if a policy is not an "active policy". If there are reserves in this category, what percentage of total active life reserves does this represent?

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the “Respond By Date:” above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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Sincerely,
Bill Dismore

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/10/2022
Submitted Date	05/10/2022
Respond By Date	06/09/2022

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- See J-CCR-VA Above, See J-CCR-VA (Form)

- NOTICE OF PREMIUM RATE INCREASE, J-NPRI-VA (Form)

Comments: It appears that the address that appears next to the John Alden logo is less than 10-point type size. Pursuant to 14VAC5-101-70 E., "Any form submitted for review or approval shall be printed in at least 10-point type size."

Please confirm that the "Long Term Care Administrative Office", address and contact information is in compliance.

Objection 2

- NOTICE OF PREMIUM RATE INCREASE, J-NPRI-VA (Form)

Comments: Please clarify how long the "grace period" is for these policy forms.

We are concerned that it may be shorter than the Contingent Benefit Upon Lapse Option which states, "This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date."

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the “Respond By Date:” above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/24/2022
Submitted Date	03/24/2022
Respond By Date	04/23/2022

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Rate/Rule Schedule

Please review the Number of Policy Holders Affected for this Program count which is reflecting "90". In the actuarial memorandum the policyholder count is shown as "69". Please review and revise as necessary through Post Submission Update.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the “Respond By Date:” above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/24/2022
Submitted Date	03/24/2022
Respond By Date	05/06/2022

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the average age of the Virginia policyholder for each of the policy forms (J-5762 and J-5875).

Objection 2

- NOTICE OF PREMIUM RATE INCREASE, J-NPO-VA (Form)

Comments: 1) Non-Payment Option must be compliant with 14VAC5-200-185 D. 3. and D. 4. Virginia requirements state that the correct name for this option is Contingent Benefit Upon Lapse (CBUL). The CBUL option should be expressed in language similar to:

"The paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status."

2) Please confirm that this option is available to all policyholders even if the triggers are not met as provided in the table under 14VAC5-185 D. 3.

Objection 3

- NOTICE OF PREMIUM RATE INCREASE, J-NPO-VA (Form)

- NOTICE OF PREMIUM RATE INCREASE, J-NFO-VA (Form)

Comments: Per 14VAC5-200-75 A. 4. b. the notification must contain language that explains the policyholder has the right to a revised premium rate or rate schedule.

Objection 4

- NOTICE OF PREMIUM RATE INCREASE, J-NFO-VA (Form)

Comments: Please advise that if the "Non-Payment Option" provides a greater benefit to a policyholder than the Nonforfeiture Option, would they have the right to request the Non-Payment Option (CBUL)? Should this be explained in the notification letter?

Objection 5

- NOTICE OF PREMIUM RATE INCREASE, J-NPO-VA (Form)

- NOTICE OF PREMIUM RATE INCREASE, J-NFO-VA (Form)

Comments: Please confirm that the Mailing Date will be at least 75 days prior to the policyholder's anniversary date and allows additional time for the mail transport and delivery.

Objection 6

- *NOTICE OF PREMIUM RATE INCREASE, J-NPO-VA (Form)*
- *COVERAGE CHANGE REQUEST FORM, J-NPO-CCR-VA (Form)*
- *NOTICE OF PREMIUM RATE INCREASE, J-NFO-VA (Form)*
- *COVERAGE CHANGE REQUEST FORM, J-NFO-CCR-VA (Form)*
- *ENDORSEMENT, JA-E-NF-VA (Form)*
- *ENDORSEMENT, JA-E-CNF-VA (Form)*
- *ENDORSEMENT, JA-E-BR-VA (Form)*

Comments: Pursuant to 14VAC5-101-110 Each form filing shall include a statement identical to the following that is signed by an officer of the company:

The Flesch reading ease score of the filed policy form is _________.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

____

Signature of Officer

____

Printed Name

____

Title

Objection 7

- *COVERAGE CHANGE REQUEST FORM, J-NPO-CCR-VA (Form)*

Comments: For consistency, the "Non-Payment Option" should be changed to the "Contingent Benefit Upon Lapse" option.

Objection 8

- *COVERAGE CHANGE REQUEST FORM, J-NPO-CCR-VA (Form)*
- *COVERAGE CHANGE REQUEST FORM, J-NFO-CCR-VA (Form)*

Comments: 1) Please clarify if the receipt of the Coverage Change Request Form is based on the postmark date of the envelope containing the form or the "Date Signed" as indicated on the form.

2) Please explain if this form can be faxed or scanned and emailed to the company.

3) Please explain if the company has an online option available to the policyholder that allows them to complete the change form electronically.

4) Please clarify if the coverage changes can be made telephonically with the company.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the “Respond By Date:” above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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Sincerely,
Bill Dismore

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/08/2022
Submitted Date	02/08/2022
Respond By Date	03/10/2022

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Companys responses related to the Prospective PV approach do not follow the methodology recommended by the NAIC task force, specifically regarding how to account for previous rate increases which were less than could have been requested at the time. Please refer to the attached document which outlines the procedures to follow for the Transition Provision.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Companys responses related to the Blended If-Knew/Make-up approach do not follow the methodology recommended by the NAIC task force, specifically regarding the blending of If-Knew and Makeup by remaining percentage of inforce policyholders and the application of cost-sharing percentages. Please refer to the attached document which outlines the procedures to follow.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

Long-term Care Insurance

Approaches to Reviewing Premium Rate Increases

NAIC LTC Pricing Subgroup

October 2018

Executive Summary

Several years ago, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care (LTC) Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued on or after the date that the state where the policy is issued adopts the changes.

Despite these changes, along with changes made to the pricing methodology of LTC insurance in 2002, carriers find themselves in situations where they must increase premium rates in order to cover future expected claims. Most of these increases are implemented on blocks that are no longer open to new business. Regulators often treat the review and approval of these rate increases differently.

Over the past year, the LTC Pricing Subgroup studied and discussed approaches used by various states to review LTC rate increases. These approaches were discussed on public calls consisting of regulators, industry representatives, and consumer advocates. Through that process, this document was developed to serve as a resource that states can use in their review of LTC rate increases. The goal is to create a more predictable and transparent process for reviewing LTC rate increase filings.

Scope

This document describes two methodologies for computing rate increases for LTC insurance policies. Regulators should consider applicable laws in their state when applying these methods to a particular block of policies.

Background

Prior to 2002, LTC insurance was priced using a fixed lifetime loss ratio methodology. This methodology was meant to ensure that premium rates were not too high. However, as experience evolved, the premiums set using this methodology proved to be inadequate, leading to large rate increases. In addition, this approach allowed for the portion of the premium available for expenses and profit to increase when actual claims were higher than what was expected when the product was initially priced.

In 2002, a new method of pricing LTC insurance was adopted by the NAIC. This new method, known as the rate stabilization methodology, moved away from fixed loss ratios applied to initial premiums and moved to a rating methodology designed to increase the probability that premiums will remain unchanged for the life of the contract, even under moderately adverse experience.

Even under the revised methodology, policyholders continue to experience large rate increases. In response, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued after the date that the state where the policy is issued adopts the revised regulation. The new model does not address rate increases consumers are experiencing on existing business.

The LTC Pricing Subgroup turned its focus to the review of these rate increases with the goal of developing a framework to achieve greater transparency and predictability in the review and approval of requests for LTC insurance rate increases.

Approaches

As a starting point, the subgroup surveyed states on various practices surrounding their review of LTC insurance rate increases. One of the first steps in the process was to develop consistency when using certain terms, including the term "recoupment of past losses", when used in our discussions. For purposes of this document, the subgroup developed a consistent understanding of different categories of past losses.

The following charts illustrate the streams of potential losses or deficiencies stemming from two general sources – those stemming from past and future premiums being insufficient, and those stemming from past and future incurred claims being worse than expected.

At the time of a rate increase, sources of potential past premium deficiencies come from premiums that were paid by policyholders who:

- are active
- are in paid-up status (i.e., they are not on claim, but are no longer paying premium under the terms of the policy but may have future claims)
- have lapsed coverage, (i.e., they are not paying premium, are not on claim, and cannot have future claims)
- are disabled (i.e., on claim)

At the time of a rate increase, sources of future premiums come from the following two groups:

- policyholders who remain active and continue paying premiums
- policyholders who are currently on claim but recover and begin paying premiums again

At the time of a rate increase, sources of future incurred claims are:

- active premium paying policyholders who go on claim in the future

- disabled policyholders who are currently on claim, recover, and go on claim again in the future
- paid-up policyholders – this source of future claims is recognized in lifetime loss ratio calculations but not in projections of future claims for rate increases

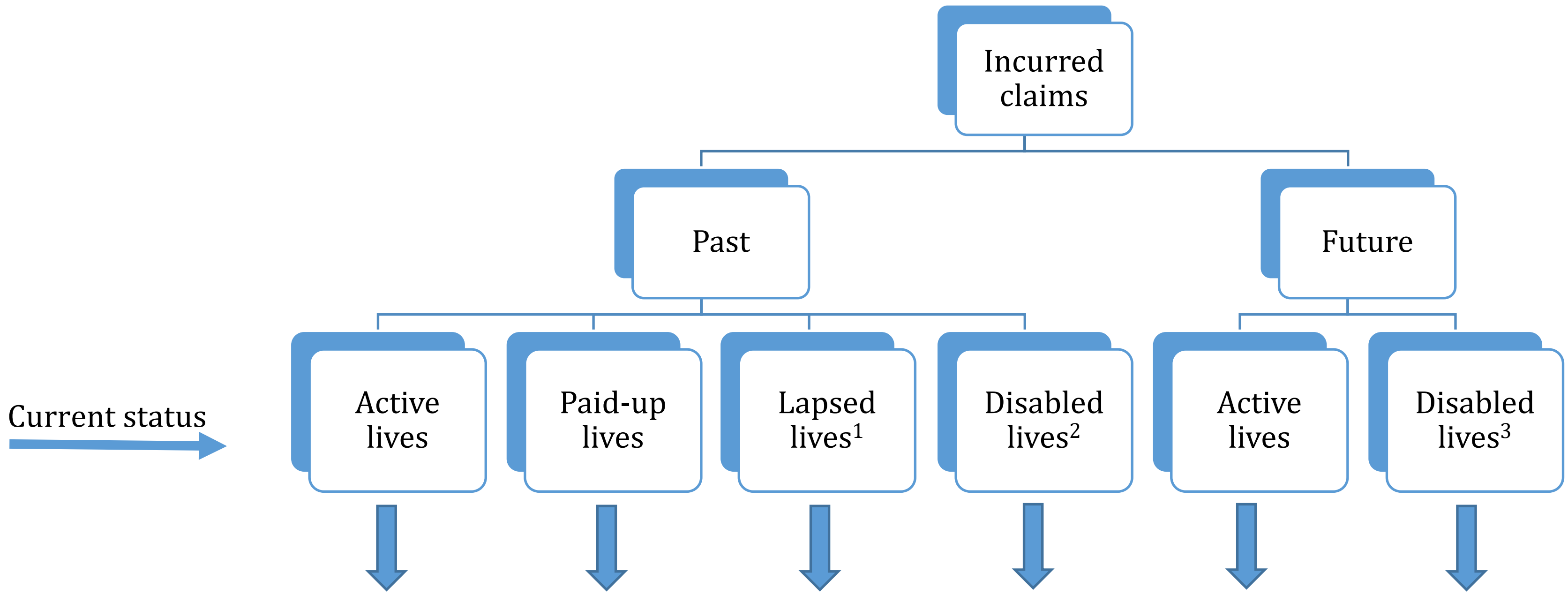
Premium Shortfall Categories at the Time of a Rate Increase Request

	Premiums					
	Past				Future	
Current status	Active lives	Paid-up lives	Lapsed lives[1]	Disabled lives[2]	Active lives	Disabled lives[3]
Lifetime loss ratio	✓	✓	✓	✓	✓	✓
Prospective present value approach	✗	✗	✗	✗	✓	✗
Blended if-knew/make up approach	(✓)	(✓)	(✓)	(✓)	✓	✓
2014 NAIC LTC Model Regulation	✓	✓	✓	✓	✓	✓

[1] Includes voluntary lapses and those who died prior to generating a claim
[2] Includes those who died while on claim and those who exhausted their benefits
[3] Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase. However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. (✓) indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

Categories of Adverse Claims Experience at the Time of a Rate Increase Request



	Past: Active lives	Past: Paid-up lives	Past: Lapsed lives[1]	Past: Disabled lives[2]	Future: Active lives	Future: Disabled lives[3]
Lifetime loss ratio	✓	✓	✓	✓	✓	✓
Prospective present value approach	✗	✗	✗	✗	✓	✗
Blended if-knew/make up approach	✓⃝	✓⃝	✓⃝	✓⃝	✓	✓
2014 NAIC LTC Model Regulation	✗	✗	✗	✗	✓	✓

[1] Includes voluntary lapses and those who died prior to generating a claim
[2] Includes those who died while on claim and those who exhausted their benefits
[3] Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase. However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ✓⃝ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

As a second step in the process, the pricing subgroup identified several general methodologies that were consistently used across states. These are:

- The lifetime loss ratio approach, which allows for full recoupment of past losses and often results in the largest rate increase
- Unique state approaches, which are designed to limit the recoupment of past losses
- The amended model regulation, which, like the state approaches, limits the recoupment of past losses

The two state approaches discussed in the pricing subgroup are described below.

Prospective PV approach

This approach avoids a recoupment of past losses by considering only future projections. The following formula is used to compute an allowable rate increase for a block of LTC insurance policies:

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left(\dfrac{.58 + .85C}{1 + C}\right)\Delta PV(\text{future earned premiums})}{.85\,PV_{\text{current}}(\text{future earned premiums})}$$

where:

Δ indicates the change in present value (PV) due to the change in actuarial assumptions between the time of the last rate increase (or the original assumptions if there was no prior rate increase) and the current assumptions

C is the cumulative percent rate increase to date. For example, if the current rate, prior to the proposed rate increase, is 50 percent higher than the rate at initial pricing, then $C = .5$

The *current* subscript in the denominator indicates that the PV should be computed using current assumptions. The future earned premiums in the formula are based on the current premiums prior to the proposed rate increase. Regulators may wish to consider the addition of margin to the rate increase. For example, the ΔPV(future incurred claims) term in the above formula could be multiplied by 1.1 to represent a 10 percent margin.

The formula is limited to **active, premium-paying policyholders** as of the time of the filing. All present value calculations in the formula should be based on the same set of current active lives.

For pre-rate stabilized policies, one could use .6 in place of .58 and .8 in place of .85:

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left(\dfrac{.6 + .8C}{1 + C}\right)\Delta PV(\text{future earned premiums})}{.8\,PV_{\text{current}}(\text{future earned premiums})}$$

Justification for the formula

The numerator represents the amount of additional funding needed, on a prospective basis, as a result of the change in actuarial assumptions. This amount reflects the increase in the PV of incurred claims, and is partly offset by the increase in the PV of future net premiums, where net premiums are computed by multiplying gross premiums by the loss ratio.

To compute the loss ratio, if P_0 is the premium at initial pricing and P is the current premium prior to the proposed rate increase, then:

$$P = P_0(1+C)$$

so

$$P_0 = \frac{P}{1+C}$$

The portion of current premium due to prior increases is:

$$P - P_0 = P - \frac{P}{1+C} = \frac{PC}{1+C}$$

Applying a 58 percent loss ratio to the initial premium and an 85 percent loss ratio to the increase portion, the loss ratio is:

$$\frac{.58\frac{P}{1+C} + .85\frac{PC}{1+C}}{P} = \frac{.58 + .85C}{1+C}$$

Since a loss ratio of 85 percent applies to the rate increase, which provides the additional funding needed, then:

$$.85\,\Delta PV_{\text{current}}(\text{future earned premiums}) = \Delta PV(\text{future incurred claims}) - \left(\frac{.58 + .85C}{1+C}\right)\Delta PV(\text{future earned premiums})$$

The percentage rate increase, computed as ΔPV / PV of future earned premiums, is found by dividing both sides of the above equation by $.85\,PV_{\text{current}}(\text{future earned premiums})$:

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left(\frac{.58 + .85C}{1+C}\right)\Delta PV(\text{future earned premiums})}{.85\,PV_{\text{current}}(\text{future earned premiums})}$$

Possible Modifications to Prospective PV approach

The prospective PV formula is intended to produce a rate increase that is adequate to fund the projected increase in future claim liabilities. However, a regulator should consider modifications to the formula based on the following:

- Disapproval of a prior actuarially justified rate increase.
- A prior actuarially justified rate increase reduced by the regulator.
- Approval of a prior actuarially justified rate increase after significant delay, offset by any company delay in filing for an actuarially justified rate increase.

Note that the use of any prior "actuarially justified" rate increase requires justification and support, which may vary by company and by state. The use and amount of any prior actuarially justified rate increase must be agreed to by both the regulator and the company.

Examples of the modifications that could be made to the prospective PV formula are described below:

Catch-up Provision (For rate increase requests denied or delayed)

If part of a past rate increase request has been denied, or if there was a material delay in the prior approval, for the new rate to be consistent with the underlying methodology of the Base Formula, a company must be granted an additional rate increase amount, called the catch-up provision. The catch-up provision is designed to reflect in a new rate increase the necessary additional premiums based on the assumptions provided to the department at the time of the previous rate increase request that were not approved with the prior filing(s). It will not take into account any deviation in actual experience from assumed experience during that time period.

$$\text{Catch-up rate increase \%} = \frac{\mathrm{AV}(\text{premiums requested}^{\mathrm{P}}) - \mathrm{AV}(\text{premiums approved}^{\mathrm{P}})}{\mathrm{PV}_{\text{current}}(\text{future earned premiums})}$$

$$+ \frac{\mathrm{PV}(\text{premiums requested}^{\mathrm{F}}) - \mathrm{PV}(\text{premiums approved}^{\mathrm{F}})}{\mathrm{PV}_{\text{current}}(\text{future earned premiums})}$$

Where:

AV is the Accumulated Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

PV is the Present Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Requested^{P} is the total past premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Requested^{F} is the total future premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Approved^{P} is the total past premiums that were collected based on the rate increase approved at the time of the previous rate increase request(s)

Premiums Approved^{F} is the total future premiums that would have been collected based on the rate increase approved at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

<u>Transition Provision (For Pre-Rate Stability products and other products where the last rate increase requests was voluntarily reduced by the company)</u>

If the prior rate increase request was not subject to the Rate Stability actuarial certification or a past rate increase request has been voluntarily reduced from the amount per such certification, a transition period needs to be established for companies to make a single filing to provide the full amount of premium necessary to meet the actuarial certification (consistent with the Model Bulletin calculation requirements). This transition filing would establish the assumptions to be used as the "prior assumptions" for future Base Formula requests and the maximum "Prior Premium" scale for these policies based on those prior assumptions. For any new filing of a rate increase to the Prior Rate scale to be consistent with the underlying methodology of the Base Formula, a company must be granted increases from the current approved premium scale up to but not above the maximum Prior Premium scale as part of the Transition amount. In this instance, the company will not be allowed to recapture past premiums that would have been collected if the rate increase request had not been voluntarily reduced. To the extent that a company requests a Transitional increase and a state denies or reduces the amount, the amount denied would be allowed in future rate increase requests under the Catch-Up Provision.

$$\text{Transition rate increase \%} = \frac{\text{PV(premiums justified)} - \text{PV(premiums requested)}}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

Where:

PV is the Present Value using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Justified is the total future premiums that would have been collected had the previous rate increase request been based upon the entire amount calculated in the Base Formula and Catch-up Provisions at the time of the previous rate increase request(s)

Premiums Requested is the total future premiums that would have been collected based on the entire rate increase requested at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

Calculation of Entire Rate Increase

Total Rate Increase = Base Formula Increase % + Catch-up Increase % + Transition Increase %

Blended If-Knew/Make-up Approach

This approach begins with the computation of if-knew and makeup rate increases, as described in the definitions below. Next, a blended average is computed between the if-knew and make-up increases, where the makeup component is weighted based on the percentage of original policyholders remaining in active, premium-paying status. Finally, a cost-sharing function is applied to determine the portion of the rate increase that is paid by policyholders, while the remainder is a cost borne by the company.

This approach requires the use of all components outlined in this section. It is not appropriate to use only one part of this approach to determine a rate increase.

Key definitions include:

- If-knew increase – increase to the premium rates such that the resulting rates, if in effect from inception of the form, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form

- Make-up increase – increase to the premium rates such that the resulting rates, if in effect in future years, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form

- Blended increase – weighted average of if-knew increase and makeup increase, with the makeup component weighted based on the percentage of the original policyholders remaining in active, premium-paying status

- Cost-sharing increase – blended increase reduced by the cost-sharing formula described below

- Maximum allowable rate increase – an increase that, in addition to any prior rate increase, results in a cumulative rate increase equal to the cost-sharing increase

Cost sharing

This approach requires a state to establish a cost-sharing formula to be applied the rate increase determined under this approach. The table below is an example of a formula where the rate increase is sliced into layers. The policyholder's share of the rate increase decreases with each layer.

Blended increase	Policyholder share of the increase
0-15%	100%
15-50%	90%
50-100%	75%
100-150%	65%
>150%	50%

For example, a blended increase of 70 percent would be sliced into three layers, consisting of 15 percent in the 0-15% layer, 35 percent in the 15-50% layer, and the remaining 20 percent in the 50-100% layer. The policyholder's share of a 70 percent blended increase would be 100% x 15% + 90% x 35% + 75% x 20% = 15% + 31.5% + 15% = 61.5%.

The example below illustrates the application of this method. It assumes that the minimum loss ratio applicable to the policy is 60 percent and that at the time of the rate increase filing, 40 percent of the original policyholders remain and are paying premium.

	Without current increase			**Premium at if knew level**			**Premium at make up level**			**With allowable rate increase**		
Experience Period	*Earned Premium Original*	*Earned Premium Actual*	*Incurred Claims*	*Earned Premiums*	*Incurred Claims*	*Loss Ratio*	*Earned Premiums*	*Incurred Claims*	*Loss Ratio*	*Earned Premiums*	*Incurred Claims*	*Loss Ratio*
Past	100	110	50	208	50	24%	110	50	45%	110	50	45%
Future	60	78	150	125	150	120%	223	150	67%	137	150	109%
Lifetime	160	188	200	333	200	60%	333	200	60%	247	200	81%

Loss ratio at the original premium level	125%		
Minimum loss ratio applicable to the form	60%	Layer	PH share
If-knew increase	108%	15%	100%
Make-up increase	272%	35%	90%
Remaining policyholders percentage	40%	50%	75%
Blended increase	174%	50%	65%
Cost-sharing increase	128%	24%	50%
Past rate increase	30%	174%	
Maximum allowable rate increase	76%		

There are many possible refinements of the basic approach described above, such as:

- reducing the allowable increase if the original premiums were unreasonably low (i.e. lower than a benchmark premium calculated using assumptions that are deemed appropriate for the period in which the policy was priced and issued)
- basing the if-knew and make-up increases on a measure of profitability rather than on a target or minimum loss ratio standard

- calculating present values using actual and expected investment returns rather than statutory valuation rates
- specifying how margins for adverse experience and waiver of premium benefits should be treated in the loss ratio calculation
- specifying the level of granularity of the rate increase calculation (i.e. whether the rate increase should vary by benefit features, underwriting criteria, etc.)

NAIC Model Regulation

Section 20.1(C)(2) of the Model Regulation describes a 58/85 loss ratio standard, which recognizes the lesser of actual or expected past claims. The allowable rate increase computed according to the Model Regulation's loss ratio standard applicable on the issue date of the policy, serves as a ceiling when using either of the above approaches.

Comparison of Approaches

Below are summaries of the results produced under each method for three actual rate filings received from three different carriers.

For each carrier, the earned premiums and incurred claims were multiplied by a random number to mask the carrier's actual data. Note that all yearly figures are discounted with interest:

Carrier #1

Summary of rate filing	
Type	Pre Rate Stabilized (Individual)
Rate increase history	40% in 2010; 25% in 2015
Cumulative rate prior increase	1.40 x 1.25 - 1 = 75%

	Accumulated and present values at 4.5% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	29,881,320	30,254,745	29,312,302	30,254,745
Future	6,396,557	64,064,583	8,276,125	81,078,884
Lifetime	36,277,877	94,319,328	37,588,427	111,333,629

Summary of calculations	
Estimated % of active policyholders remaining	50%
Lifetime LR	296%
Maximum rate increase under 60/80 lifetime LR standard	1321%
Blended if-knew & makeup components:	
Makeup increase	3268%
"If knew" rate increase	498%
Blended with 50% active policyholders remaining:	1883%
With cost sharing	983%

Blended if-knew & makeup rate increase* (after backing out prior 69.6% cumulative rate increase)	**519%**
Prospective PV allowable rate increase	**238%**
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 50% actives remaining.	

Carrier #2

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

	Accumulated and present values at 4% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	2,605,954	41,528	2,605,954	41,528
Future	4,537,414	3,795,819	4,382,489	5,514,785
Lifetime	7,143,367	3,837,347	6,988,442	5,556,313

Summary of calculations	
Estimated % of active policyholders remaining	71%
Lifetime LR	80%
Maximum rate increase under 58/85 lifetime LR standard	40%
Blended if-knew & makeup components:	
Makeup increase	59%
"If knew" rate increase	37%
Blended with 71% active policyholders remaining:	53%
With cost sharing	49%
Blended if-knew & makeup allowable rate increase[1, 2]	**49%**
Prospective PV allowable rate increase[2]	**49%**
[1] Rate increase assumes: (1) benchmark premium = original premium; and (2) 71% actives remaining. [2] The allowable rate increase would be limited to 40% based on the 58/85 lifetime loss ratio standard.	

Carrier #3

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

	Accumulated and present values at 4.5% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims*	Earned premiums	Incurred claims*
Past	1,272,279	221,055	1,272,279	221,055

Future	659,852	1,098,641	864,521	2,561,128
Lifetime	1,932,131	1,319,696	2,136,800	2,782,183

* Projected incurred claims include a 10% moderately adverse experience load.

Summary of calculations	
Estimated % of active policyholders remaining	77%
Lifetime LR	130%
Maximum rate increase under 58/85 lifetime LR standard	210%
Blended if-knew & makeup components:	
Makeup increase	308%
"If knew" rate increase	124%
Blended with 77% active policyholders remaining:	266%
With cost sharing	174%
Blended if-knew & makeup allowable rate increase*	**174%**
Prospective PV allowable rate increase	**183%**
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 77% actives remaining.	

Other Considerations

Premium Rate Increase Caps

Some states, either by regulation or administrative practice, place caps on premium rate increases. In particular, New Hampshire adopted a rule that caps rate increases based on the insured's attained age. In general, caps implemented by states have no actuarial basis, but instead are arbitrarily administered.

Although it is understandable that states may favor arbitrary caps in the interest of protecting policyholders from large rate increases, one concern is a potential solvency risk if actuarially justified rate increases are postponed along with the potential for substantial reductions in benefits due to state-specific guaranty fund limits. In addition, the need for future rate increases will be greater based on the degree to which requested rate increases are capped. Many states have worked with companies to successfully address large rate increases through the use of a pre-approved series of incremental increases, allowing rates to reach the appropriate level while fully informing the policyholders of the timing and amount of the full series of increases.

Delays in Filing and Delays in Approval of Rate Increases

Similar to arbitrary rate caps, delays in implementing actuarially justified rate increases due to either a carrier failing to file a needed rate increase, or delays in the regulatory approval of a needed rate increase, can pose a potential solvency risk. Several LTC insurance carriers have commented that delays in the implementation of needed rate increases lead to significantly higher rate increases later. For example, one carrier with a large block of LTC business estimated that each one-year delay of a needed rate increase adds a 5 to 10 percentage point increase to the needed rate increase.

Lifetime Loss Ratio Issue

Some regulators believe it is inappropriate to approve a rate increase that would lead to a lower projected lifetime loss ratio than in the prior rate increase filing. Where the prior filing was consistent with actuarially certified adequate premiums this would generally be an appropriate expectation unless sufficient justification is provided for an exception. Where the prior rate filing was not consistent with actuarially certified adequate premiums (e.g. most pre-rate stability business or filings limited by rate caps) or the company noted in its filing that if experience did not improve that additional rate increase filings are likely, the projected loss ratio from such a prior filing is not an appropriate limit.

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/05/2022
Submitted Date	01/05/2022
Respond By Date	02/03/2022

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)
Comments: JALIC VA Response Attachments 11_17_21.xlsx

1.Please resubmit projections Q6.a, Q6.b and Q6.d so that they use the Virginia Rate Level Premium rather than the actual nationwide premium.

2.Projection Q6.e should not use actual incurred claims. The purpose of this projection is to show what would have happened if mortality, lapse and morbidity had played out exactly as originally assumed for the actual cohort of policies issued.

3.Please split the Active Life Reserves balances according to the six subsets of business included in the Q6 projections.

4.Please explain the difference between what is presented in columns F & G of Q9.1 and Q9.2 compared to the future years in Q6.d. Both are represented to be original assumptions applied to the current cohort of policies as of the projection date, but the sums of earned premiums and incurred claims in Q9.1 plus Q9.2 do not equal the sum of the six subsets in Q6.d for either premiums or claims.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/21/2021
Submitted Date	12/21/2021
Respond By Date	01/20/2022

Dear Scarlett Nazari,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please consider revising the rate request narrative so that it can be read and understood by a typical policyholder audience who does not have actuarial or insurance terminology knowledge.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/17/2021
Submitted Date	11/17/2021
Respond By Date	12/17/2021

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Product Checklist (Supporting Document)

Comments: Please complete, sign and date the required Long-Term Care Rate Revision Checklist. It can be obtained through SERFF or through:

https://www.scc.virginia.gov/getattachment/f261515d-6543-4c5e-aada-cadf5fe5f14f/Long-Term-Care-Rate-Revision-Checklist.pdf

Objection 2

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please place the SERFF Tracking Number on the Rate Request Summary.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain if the rate increases previously approved on 10/24/2019 under SERFF Tracking #'s LFCR-130937845 has been fully implemented.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: For all projections requested in this question, the baseline should comply with the following:

a. Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.

b. For the pre-stability block, assumptions are to be best-estimate. Please confirm.

c. Premiums should be at the Virginia rate level for both historical and projected future.

d. Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: To assist the Virginia Bureau of Insurance in its review, for each of the subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

a. Current assumptions and current rates

b. Current assumptions with the proposed rate increase

c. Current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

d. Actual historical experience to the projection date and future projections based on the prior assumptions (to be used in the Prospective PV test)

e. Original assumptions and original premiums from inception

f. Provide the active life reserves balance as of the projection date on a nationwide basis.

Projections a-f can be separate tabs or combined into separate columns on the same exhibit.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Please provide details of the original assumptions used.

2) Please advise if the current assumptions are consistent with the most recent asset adequacy testing.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a discussion of the level of credibility the Company placed on the actual claims and how that was considered in the adjustment made to the LTCGs.

Objection 9

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the Prospective PV and If Knew/Makeup Blend allowable increases as currently under consideration by the NAIC.

Objection 10

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain why a new rate increase is being requested given that in the previous filing (SERFF # LFCR-130937845) the nationwide lifetime loss ratio with interest, and after implementation of the rate increase, was projected as 130.7% for both forms combined. In this current rate request, the nationwide lifetime loss ratio projected is 120.3%, over 10 points lower than the previous filing.

If the company was comfortable with the previous rate increase producing a loss ratio of 130.7% and the experience indicated a *performance of 120.3% loss ratio, explain why an additional rate increase is requested. Demonstrate how this is not a recoupment of past losses by placing a large increase on the remaining policyholders.*

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

State:	*Virginia*	***Filing Company:***	*John Alden Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Lifetime Independence*		
Project Name/Number:	*/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/12/2022
Submitted Date	09/13/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the John Alden VA Response Letter 09 09 22, John Alden VA Rate Tables Rev, John Alden Rate Filing Actuarial Memo with Attachments VA rev, and Health Ins Rate Rqst Summary Pt1 with Summary Rev. We also submitted a Post-Submission update with updated Company Rate Information.
Thank you.

Related Objection 1

Applies To:

- *John Alden VA Rate Tables, [J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q) & (NQ)] (Rate)*
- *L&H Actuarial Memorandum (Supporting Document)*
- *Long Term Care Insurance Rate Request Summary (Supporting Document)*

Comments: The VA Bureau of Insurance has agreed with the company to a 10% rate increase.

Please revise the proposed premium rate schedule(s), the actuarial memorandum and supporting exhibits and the Long Term Care Insurance Rate Request Summary to support the 10% rate increase. Also, a Post-Submission Update needs to be submitted to revise the Rate/Rule Schedule tab, Company Rate Information.

Changed Items:

No Form Schedule items changed.

State:	*Virginia*	**Filing Company:**	*John Alden Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Lifetime Independence*		
Project Name/Number:	*/*		

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	John Alden VA Rate Tables	J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q) & (NQ)	New		John Alden VA Rate Tables Rev.pdf,	09/13/2022 By: Dianne Bowdish
Previous Version						
1	*John Alden VA Rate Tables*	*J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q) & (NQ)*	*New*		*John Alden VA Rate Tables.pdf,*	*11/03/2021 By: Dianne Bowdish*

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	JALIC VA Response Attachments 11 17 21.xlsx John Alden Rate Filing Actuarial Memo with Attachments VA rev.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf* *JALIC VA Response Attachments 11 17 21.xlsx*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf*

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	JALIC VA Response Attachments 11 17 21.xlsx John Alden Rate Filing Actuarial Memo with Attachments VA rev.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf* *JALIC VA Response Attachments 11 17 21.xlsx*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Health Ins Rate Rqst Summary Pt1 with Summary Rev.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Ins Rate Rqst Summary Pt1 with Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Ins Rate Rqst Summary Pt1 with Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Ins Rate Rqst Summary Pt1 with Summary.pdf*

State:	*Virginia*	**Filing Company:**	*John Alden Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Lifetime Independence*		
Project Name/Number:	*/*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	JALIC VA Response Attachments 11 17 21.xlsx John Alden Rate Filing Actuarial Memo with Attachments VA rev.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf* *JALIC VA Response Attachments 11 17 21.xlsx*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Health Ins Rate Rqst Summary Pt1 with Summary Rev.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Ins Rate Rqst Summary Pt1 with Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Ins Rate Rqst Summary Pt1 with Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Ins Rate Rqst Summary Pt1 with Summary.pdf*

Satisfied - Item:	John Alden VA Response Letter 09 09 22
Comments:	

Attachment(s):	John Alden VA Response Letter 09 09 22.pdf

Conclusion:

Sincerely,
Dianne Bowdish

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/16/2022
Submitted Date	05/16/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see John Alden VA Response Letter 06 09 22.

Thank you.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: In our phone conversation of 5/13/2022 the company stated that future experience included only "active policies".

1) Please explain how the company defines an "active policy". Include in the explanation if the company considers policies "on waiver" as an active policy since they are not actually in "premium paying status". Clarify if there are any 10-pay payment option policies remaining.

2) Explain how the company treats "active life reserves" if future experience was limited only to "active policies". For example, clarify if there are any active life reserves remaining on the books if a policy is not an "active policy". If there are reserves in this category, what percentage of total active life reserves does this represent?

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 06 09 22
Comments:	
Attachment(s):	John Alden VA Response Letter 06 09 22.pdf

Conclusion:

Sincerely,
Dianne Bowdish

State:	*Virginia*	***Filing Company:***	*John Alden Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Lifetime Independence*		
Project Name/Number:	*/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/07/2022
Submitted Date	06/07/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see John Alden VA Response Letter 05 10 22, J-NPRI-VA and J-CCR-VA.
Thank you.

Related Objection 1

Applies To:

- *NOTICE OF PREMIUM RATE INCREASE, J-NPRI-VA (Form)*
- *See J-CCR-VA Above, See J-CCR-VA (Form)*

Comments: It appears that the address that appears next to the John Alden logo is less than 10-point type size. Pursuant to 14VAC5-101-70 E., "Any form submitted for review or approval shall be printed in at least 10-point type size."

Please confirm that the "Long Term Care Administrative Office", address and contact information is in compliance.

Changed Items:

State: Virginia **Filing Company:** John Alden Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Lifetime Independence
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	NOTICE OF PREMIUM RATE INCREASE	J-NPRI-VA	OTH	Initial		41.200	J-NPRI-VA.pdf	Date Submitted: 06/07/2022 By: Dianne Bowdish
Previous Version								
1	*NOTICE OF PREMIUM RATE INCREASE*	*J-NPRI-VA*	*OTH*	*Initial*		*41.200*	*J-NPRI-VA.pdf*	*Date Submitted: 04/27/2022 By: Dianne Bowdish*
Previous Version								
1	*NOTICE OF PREMIUM RATE INCREASE*	*J-NPO-VA*	*OTH*	*Initial*			*J-NPO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
2	COVERAGE CHANGE REQUEST FORM	J-CCR-VA	OTH	Initial		42.300	J-CCR-VA.pdf	Date Submitted: 06/07/2022 By: Dianne Bowdish
Previous Version								
2	*COVERAGE CHANGE REQUEST FORM*	*J-CCR-VA*	*OTH*	*Initial*		*42.300*	*J-CCR-VA.pdf*	*Date Submitted: 04/27/2022 By: Dianne Bowdish*
Previous Version								
2	*COVERAGE CHANGE REQUEST FORM*	*J-NPO-CCR-VA*	*OTH*	*Initial*			*J-NPO-CCR-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	John Alden VA Response Letter 05 10 22
Comments:	
Attachment(s):	John Alden VA Response Letter 05 10 22.pdf

Response 2

Comments:

Please see John Alden VA Response Letter 05 10 22, Customer Notice SOV, J-NPRI-VA John Doe and J-NPRI-VA Redline.
Thank you.

Related Objection 2

Applies To:

- NOTICE OF PREMIUM RATE INCREASE, J-NPRI-VA (Form)

Comments: Please clarify how long the "grace period" is for these policy forms.

We are concerned that it may be shorter than the Contingent Benefit Upon Lapse Option which states, "This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date."

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	NOTICE OF PREMIUM RATE INCREASE	J-NPRI-VA	OTH	Initial		41.200	J-NPRI-VA.pdf	Date Submitted: 06/07/2022 By: Dianne Bowdish
Previous Version								
1	*NOTICE OF PREMIUM RATE INCREASE*	*J-NPRI-VA*	*OTH*	*Initial*		*41.200*	*J-NPRI-VA.pdf*	*Date Submitted: 04/27/2022 By: Dianne Bowdish*
Previous Version								
1	*NOTICE OF PREMIUM RATE INCREASE*	*J-NPO-VA*	*OTH*	*Initial*			*J-NPO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*

No Rate/Rule Schedule items changed.

State: *Virginia* **Filing Company:** *John Alden Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Lifetime Independence*
Project Name/Number: */*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Previous Version	
Satisfied - Item:	*Customer Notice SOV*
Comments:	
Attachment(s):	*Customer Notice SOV.pdf*
Previous Version	
Satisfied - Item:	*Customer Notice SOV*
Comments:	
Attachment(s):	*Customer Notice SOV.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Previous Version	
Satisfied - Item:	*Customer Notice SOV*
Comments:	
Attachment(s):	*Customer Notice SOV.pdf*
Previous Version	
Satisfied - Item:	*Customer Notice SOV*
Comments:	
Attachment(s):	*Customer Notice SOV.pdf*

Satisfied - Item:	J-NPRI-VA John Doe
Comments:	
Attachment(s):	J-NPRI-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NPRI-VA John Doe*
Comments:	
Attachment(s):	*J-NPRI-VA John Doe.pdf*
Previous Version	
Satisfied - Item:	*J-NFO-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-VA John Doe.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Previous Version	
Satisfied - Item:	*Customer Notice SOV*
Comments:	
Attachment(s):	*Customer Notice SOV.pdf*
Previous Version	
Satisfied - Item:	*Customer Notice SOV*
Comments:	
Attachment(s):	*Customer Notice SOV.pdf*

Satisfied - Item:	J-NPRI-VA John Doe
Comments:	
Attachment(s):	J-NPRI-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NPRI-VA John Doe*
Comments:	
Attachment(s):	*J-NPRI-VA John Doe.pdf*
Previous Version	
Satisfied - Item:	*J-NFO-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-VA John Doe.pdf*

Satisfied - Item:	Redline Forms
Comments:	
Attachment(s):	J-CCR-VA Redline.pdf J-NPRI-VA Redline.pdf
Previous Version	
Satisfied - Item:	*Redline Forms*
Comments:	
Attachment(s):	*J-CCR-VA Redline.pdf*

	J-NPRI-VA Redline.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Previous Version	
Satisfied - Item:	*Customer Notice SOV*
Comments:	
Attachment(s):	*Customer Notice SOV.pdf*
Previous Version	
Satisfied - Item:	*Customer Notice SOV*
Comments:	
Attachment(s):	*Customer Notice SOV.pdf*

Satisfied - Item:	J-NPRI-VA John Doe
Comments:	
Attachment(s):	J-NPRI-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NPRI-VA John Doe*
Comments:	
Attachment(s):	*J-NPRI-VA John Doe.pdf*
Previous Version	
Satisfied - Item:	*J-NFO-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-VA John Doe.pdf*

Satisfied - Item:	Redline Forms
Comments:	
Attachment(s):	J-CCR-VA Redline.pdf J-NPRI-VA Redline.pdf
Previous Version	
Satisfied - Item:	*Redline Forms*
Comments:	
Attachment(s):	*J-CCR-VA Redline.pdf*

State:	Virginia
Filing Company:	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name:	Lifetime Independence
Project Name/Number:	/

	J-NPRI-VA Redline.pdf

Satisfied - Item:	John Alden VA Response Letter 05 10 22
Comments:	
Attachment(s):	John Alden VA Response Letter 05 10 22.pdf

Conclusion:

Sincerely,
Dianne Bowdish

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/21/2022
Submitted Date	04/21/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see John Alden VA Response Letter 03 24 22 #2.

Thank you.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Rate/Rule Schedule

Please review the Number of Policy Holders Affected for this Program count which is reflecting "90". In the actuarial memorandum the policyholder count is shown as "69". Please review and revise as necessary through Post Submission Update.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 03 24 22 #2
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #2.pdf

Conclusion:

Sincerely,

Dianne Bowdish

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/26/2022
Submitted Date	04/27/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see John Alden VA Response Letter 03 24 22 #1.
Thank you.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

Comments: Please provide the average age of the Virginia policyholder for each of the policy forms (J-5762 and J-5875).

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Response 2

Comments:

Please see John Alden VA Response Letter 03 24 22 #1. Please see the updated J-NPRI-VA which combines J-NPO-VA and J-NFO-VA. Please see the updated J-CCR-VA which combines J-NPO-CCR-VA and J-NFO-CCR-VA. Please also see the redline versions, John Doe versions and an updated Customer Notice SOV.

Related Objection 2

Applies To:

- NOTICE OF PREMIUM RATE INCREASE, J-NPO-VA (Form)

Comments: 1) Non-Payment Option must be compliant with 14VAC5-200-185 D. 3. and D. 4. Virginia requirements state that the correct name for this option is Contingent Benefit Upon Lapse (CBUL). The CBUL option should be expressed in language similar to:

"The paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status."

2) Please confirm that this option is available to all policyholders even if the triggers are not met as provided in the table under 14VAC5-185 D. 3.

Changed Items:

State: Virginia **Filing Company:** John Alden Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Lifetime Independence
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	See J-NPRI-VA Above	See J-NPRI-VA	OTH	Initial				Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
1	*NOTICE OF PREMIUM RATE INCREASE*	*J-NFO-VA*	*OTH*	*Initial*			*J-NFO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
2	See J-CCR-VA Above	See J-CCR-VA	OTH	Initial				Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
2	*COVERAGE CHANGE REQUEST FORM*	*J-NFO-CCR-VA*	*OTH*	*Initial*			*J-NFO-CCR-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
3	NOTICE OF PREMIUM RATE INCREASE	J-NPRI-VA	OTH	Initial		41.200	J-NPRI-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
3	*NOTICE OF PREMIUM RATE INCREASE*	*J-NPO-VA*	*OTH*	*Initial*			*J-NPO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
4	COVERAGE CHANGE REQUEST FORM	J-CCR-VA	OTH	Initial		42.300	J-CCR-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
4	*COVERAGE CHANGE REQUEST FORM*	*J-NPO-CCR-VA*	*OTH*	*Initial*			*J-NPO-CCR-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	J-CCR-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NFO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-CCR-VA John Doe.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	J-CCR-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NFO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-CCR-VA John Doe.pdf*

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	J-CCR-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NFO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-NPO-VA John Doe
Comments:	J-NPRI-VA above combines J-NPO-VA and J-NFO-VA
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-VA John Doe.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	J-CCR-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NFO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-NPO-VA John Doe
Comments:	J-NPRI-VA above combines J-NPO-VA and J-NFO-VA
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-VA John Doe.pdf*

Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	J-CCR-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NFO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-NPO-VA John Doe
Comments:	J-NPRI-VA above combines J-NPO-VA and J-NFO-VA
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-VA John Doe.pdf*

Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Previous Version	
Satisfied - Item:	*Customer Notice SOV*

State: *Virginia* **Filing Company:** *John Alden Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Lifetime Independence*
Project Name/Number: */*

Comments:	
Attachment(s):	*Customer Notice SOV.pdf*

State:	*Virginia*	**Filing Company:**	*John Alden Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Lifetime Independence*		
Project Name/Number:	*/*		

Supporting Document Schedule Item Changes

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	J-CCR-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NFO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-NPO-VA John Doe
Comments:	J-NPRI-VA above combines J-NPO-VA and J-NFO-VA
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-VA John Doe.pdf*

Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Previous Version	
Satisfied - Item:	*Customer Notice SOV*

Comments:	
Attachment(s):	*Customer Notice SOV.pdf*

Satisfied - Item:	J-NPRI-VA John Doe
Comments:	
Attachment(s):	J-NPRI-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NFO-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-VA John Doe.pdf*

State:	*Virginia*
Filing Company:	*John Alden Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name:	*Lifetime Independence*
Project Name/Number:	*/*

Supporting Document Schedule Item Changes

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	J-CCR-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NFO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-CCR-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-CCR-VA John Doe.pdf*

Satisfied - Item:	J-NPO-VA John Doe
Comments:	J-NPRI-VA above combines J-NPO-VA and J-NFO-VA
Attachment(s):	
Previous Version	
Satisfied - Item:	*J-NPO-VA John Doe*
Comments:	
Attachment(s):	*J-NPO-VA John Doe.pdf*

Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Previous Version	
Satisfied - Item:	*Customer Notice SOV*

Comments:	
Attachment(s):	*Customer Notice SOV.pdf*

Satisfied - Item:	J-NPRI-VA John Doe
Comments:	
Attachment(s):	J-NPRI-VA John Doe.pdf
Previous Version	
Satisfied - Item:	*J-NFO-VA John Doe*
Comments:	
Attachment(s):	*J-NFO-VA John Doe.pdf*

Satisfied - Item:	Redline Forms
Comments:	
Attachment(s):	J-CCR-VA Redline.pdf J-NPRI-VA Redline.pdf

Response 3

Comments:

Please see paragraph 2 of page 3 of J-NPRI-VA.

.

Related Objection 3

Applies To:

- *NOTICE OF PREMIUM RATE INCREASE, J-NPO-VA (Form)*
- *NOTICE OF PREMIUM RATE INCREASE, J-NFO-VA (Form)*

Comments: Per 14VAC5-200-75 A. 4. b. the notification must contain language that explains the policyholder has the right to a revised premium rate or rate schedule.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	See J-NPRI-VA Above	See J-NPRI-VA	OTH	Initial				Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
1	*NOTICE OF PREMIUM RATE INCREASE*	*J-NFO-VA*	*OTH*	*Initial*			*J-NFO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
2	NOTICE OF PREMIUM RATE INCREASE	J-NPRI-VA	OTH	Initial		41.200	J-NPRI-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
2	*NOTICE OF PREMIUM RATE INCREASE*	*J-NPO-VA*	*OTH*	*Initial*			*J-NPO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

Please see John Alden VA Response Letter 03 24 22 #1.

Related Objection 4

Applies To:

- NOTICE OF PREMIUM RATE INCREASE, J-NFO-VA (Form)

Comments: Please advise that if the "Non-Payment Option" provides a greater benefit to a policyholder than the Nonforfeiture Option, would they have the right to request the Non-Payment Option (CBUL)? Should this be explained in the notification letter?

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	See J-NPRI-VA Above	See J-NPRI-VA	OTH	Initial				Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
1	*NOTICE OF PREMIUM RATE INCREASE*	*J-NFO-VA*	*OTH*	*Initial*			*J-NFO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Response 5

Comments:

Please see John Alden VA Response Letter 03 24 22 #1.

Related Objection 5

Applies To:

- *NOTICE OF PREMIUM RATE INCREASE, J-NPO-VA (Form)*
- *NOTICE OF PREMIUM RATE INCREASE, J-NFO-VA (Form)*

Comments: Please confirm that the Mailing Date will be at least 75 days prior to the policyholder's anniversary date and allows additional time for the mail transport and delivery.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	See J-NPRI-VA Above	See J-NPRI-VA	OTH	Initial				Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
1	*NOTICE OF PREMIUM RATE INCREASE*	*J-NFO-VA*	*OTH*	*Initial*			*J-NFO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
2	NOTICE OF PREMIUM RATE INCREASE	J-NPRI-VA	OTH	Initial		41.200	J-NPRI-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
2	*NOTICE OF PREMIUM RATE INCREASE*	*J-NPO-VA*	*OTH*	*Initial*			*J-NPO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Response 6

Comments:

Please see John Alden VA Response Letter 03 24 22 #1 and John Alden VA Flesch Reading Score.

Related Objection 6

Applies To:

- *NOTICE OF PREMIUM RATE INCREASE, J-NPO-VA (Form)*
- *COVERAGE CHANGE REQUEST FORM, J-NPO-CCR-VA (Form)*
- *NOTICE OF PREMIUM RATE INCREASE, J-NFO-VA (Form)*

- COVERAGE CHANGE REQUEST FORM, J-NFO-CCR-VA (Form)
- ENDORSEMENT, JA-E-NF-VA (Form)
- ENDORSEMENT, JA-E-CNF-VA (Form)
- ENDORSEMENT, JA-E-BR-VA (Form)

Comments: Pursuant to 14VAC5-101-110 Each form filing shall include a statement identical to the following that is signed by an officer of the company:

The Flesch reading ease score of the filed policy form is _________.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

____
Signature of Officer

____
Printed Name

____
Title

Changed Items:

State: *Virginia* **Filing Company:** *John Alden Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Lifetime Independence*
Project Name/Number: */*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	See J-NPRI-VA Above	See J-NPRI-VA	OTH	Initial				Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
1	*NOTICE OF PREMIUM RATE INCREASE*	*J-NFO-VA*	*OTH*	*Initial*			*J-NFO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
2	See J-CCR-VA Above	See J-CCR-VA	OTH	Initial				Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
2	*COVERAGE CHANGE REQUEST FORM*	*J-NFO-CCR-VA*	*OTH*	*Initial*			*J-NFO-CCR-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
3	ENDORSEMENT	JA-E-NF-VA	POLA	Initial		47.200	JA-E-NF-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
3	*ENDORSEMENT*	*JA-E-NF-VA*	*POLA*	*Initial*			*JA-E-NF-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
4	ENDORSEMENT	JA-E-CNF-VA	POLA	Initial		48.200	JA-E-CNF-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
4	*ENDORSEMENT*	*JA-E-CNF-VA*	*POLA*	*Initial*			*JA-E-CNF-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
5	ENDORSEMENT	JA-E-BR-VA	POLA	Initial		49.100	JA-E-BR-VA.pdf	Date Submitted: 04/27/2022

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	See J-NPRI-VA Above	See J-NPRI-VA	OTH	Initial				Date Submitted: 04/27/2022 By: Dianne Bowdish
								By: Dianne Bowdish
Previous Version								
5	*ENDORSEMENT*	*JA-E-BR-VA*	*POLA*	*Initial*			*JA-E-BR-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
6	NOTICE OF PREMIUM RATE INCREASE	J-NPRI-VA	OTH	Initial		41.200	J-NPRI-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
6	*NOTICE OF PREMIUM RATE INCREASE*	*J-NPO-VA*	*OTH*	*Initial*			*J-NPO-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
7	COVERAGE CHANGE REQUEST FORM	J-CCR-VA	OTH	Initial		42.300	J-CCR-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
7	*COVERAGE CHANGE REQUEST FORM*	*J-NPO-CCR-VA*	*OTH*	*Initial*			*J-NPO-CCR-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Satisfied - Item:	John Alden VA Flesch Reading Score
Comments:	
Attachment(s):	John Alden VA Flesch Reading Score.pdf

Response 7

Comments:

Please see John Alden VA Response Letter 03 24 22 #1 and J-CCR-VA.

Related Objection 7

Applies To:

- COVERAGE CHANGE REQUEST FORM, J-NPO-CCR-VA (Form)

Comments: For consistency, the "Non-Payment Option" should be changed to the "Contingent Benefit Upon Lapse" option.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	COVERAGE CHANGE REQUEST FORM	J-CCR-VA	OTH	Initial		42.300	J-CCR-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
1	*COVERAGE CHANGE REQUEST FORM*	*J-NPO-CCR-VA*	*OTH*	*Initial*			*J-NPO-CCR-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Response 8

Comments:

Please see John Alden VA Response Letter 03 24 22 #1.
Thank you.

Related Objection 8

Applies To:

- *COVERAGE CHANGE REQUEST FORM, J-NPO-CCR-VA (Form)*
- *COVERAGE CHANGE REQUEST FORM, J-NFO-CCR-VA (Form)*

Comments: 1) Please clarify if the receipt of the Coverage Change Request Form is based on the postmark date of the envelope containing the form or the "Date Signed" as indicated on the form.

2) Please explain if this form can be faxed or scanned and emailed to the company.

3) Please explain if the company has an online option available to the policyholder that allows them to complete the change form electronically.

4) Please clarify if the coverage changes can be made telephonically with the company.

Changed Items:

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	See J-CCR-VA Above	See J-CCR-VA	OTH	Initial				Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
1	*COVERAGE CHANGE REQUEST FORM*	*J-NFO-CCR-VA*	*OTH*	*Initial*			*J-NFO-CCR-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*
2	COVERAGE CHANGE REQUEST FORM	J-CCR-VA	OTH	Initial		42.300	J-CCR-VA.pdf	Date Submitted: 04/27/2022 By: Dianne Bowdish
Previous Version								
2	*COVERAGE CHANGE REQUEST FORM*	*J-NPO-CCR-VA*	*OTH*	*Initial*			*J-NPO-CCR-VA.pdf*	*Date Submitted: 11/03/2021 By: Dianne Bowdish*

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf

Conclusion:

Sincerely,
Dianne Bowdish

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/07/2022
Submitted Date	03/08/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see John Alden VA Response Letter 02 08 22 and John Alden VA Response Attachments 02 08 22.
Thank you.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Companys responses related to the Prospective PV approach do not follow the methodology recommended by the NAIC task force, specifically regarding how to account for previous rate increases which were less than could have been requested at the time. Please refer to the attached document which outlines the procedures to follow for the Transition Provision.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 02 08 22
Comments:	
Attachment(s):	John Alden VA Response Letter 02 08 22.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 02 08 22
Comments:	
Attachment(s):	John Alden VA Response Letter 02 08 22.pdf

Satisfied - Item:	John Alden VA Response Attachments 02 08 22
Comments:	
Attachment(s):	John Alden VA Response Attachments 02 08 22.xlsx

Response 2

Comments:

Please see John Alden VA Response Letter 02 08 22 and John Alden VA Response Attachments 02 08 22. Thank you.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Companys responses related to the Blended If-Knew/Make-up approach do not follow the methodology recommended by the NAIC task force, specifically regarding the blending of If-Knew and Makeup by remaining percentage of inforce policyholders and the application of cost-sharing percentages. Please refer to the attached document which outlines the procedures to follow.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 02 08 22
Comments:	
Attachment(s):	John Alden VA Response Letter 02 08 22.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 02 08 22
Comments:	
Attachment(s):	John Alden VA Response Letter 02 08 22.pdf

Satisfied - Item:	John Alden VA Response Attachments 02 08 22
Comments:	
Attachment(s):	John Alden VA Response Attachments 02 08 22.xlsx

Conclusion:

Sincerely,
Dianne Bowdish

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/21/2022
Submitted Date	01/21/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see John Alden VA Response Letter 01 05 22 and JALIC VA Response Attachments 01 05 22.

Thank you.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: JALIC VA Response Attachments 11_17_21.xlsx

1.Please resubmit projections Q6.a, Q6.b and Q6.d so that they use the Virginia Rate Level Premium rather than the actual nationwide premium.

2.Projection Q6.e should not use actual incurred claims. The purpose of this projection is to show what would have happened if mortality, lapse and morbidity had played out exactly as originally assumed for the actual cohort of policies issued.

3.Please split the Active Life Reserves balances according to the six subsets of business included in the Q6 projections.

4.Please explain the difference between what is presented in columns F & G of Q9.1 and Q9.2 compared to the future years in Q6.d. Both are represented to be original assumptions applied to the current cohort of policies as of the projection date, but the sums of earned premiums and incurred claims in Q9.1 plus Q9.2 do not equal the sum of the six subsets in Q6.d for either premiums or claims.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 01 05 22
Comments:	
Attachment(s):	John Alden VA Response Letter 01 05 22.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 01 05 22
Comments:	
Attachment(s):	John Alden VA Response Letter 01 05 22.pdf

Satisfied - Item:	JALIC VA Response Attachments 01 05 22
Comments:	
Attachment(s):	JALIC VA Response Attachments 01 05 22.xlsx

Conclusion:

Sincerely,
Dianne Bowdish

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/27/2021
Submitted Date	12/27/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the updated Health Ins Rate Request Summary Pt1 with Summary and the John Alden VA Response Letter 12 21 21.
Thank you.

Related Objection 1

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please consider revising the rate request narrative so that it can be read and understood by a typical policyholder audience who does not have actuarial or insurance terminology knowledge.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 12 21 21
Comments:	
Attachment(s):	John Alden VA Response Letter 12 21 21.pdf

State:	*Virginia*	***Filing Company:***	*John Alden Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Lifetime Independence*		
Project Name/Number:	*/*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 12 21 21
Comments:	
Attachment(s):	John Alden VA Response Letter 12 21 21.pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Health Ins Rate Rqst Summary Pt1 with Summary.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Ins Rate Rqst Summary Pt1 with Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Ins Rate Rqst Summary Pt1 with Summary.pdf*

Conclusion:

Sincerely,
Dianne Bowdish

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/16/2021
Submitted Date	12/17/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see John Alden VA Response Letter 11 17 21 and Long-Term-Care-Rate-Revision-Checklist.
Thank you.

Related Objection 1

Applies To:

- Product Checklist (Supporting Document)

Comments: Please complete, sign and date the required Long-Term Care Rate Revision Checklist. It can be obtained through SERFF or through:

https://www.scc.virginia.gov/getattachment/f261515d-6543-4c5e-aada-cadf5fe5f14f/Long-Term-Care-Rate-Revision-Checklist.pdf

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	N/A
Attachment(s):	Long-Term-Care-Rate-Revision-Checklist.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	*N/A*
Attachment(s):	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	N/A
Attachment(s):	Long-Term-Care-Rate-Revision-Checklist.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	*N/A*
Attachment(s):	

Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Response 2

Comments:

Please see the Long Term Care Insurance Rate Request Summary.
Thank you.

Related Objection 2

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please place the SERFF Tracking Number on the Rate Request Summary.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Health Ins Rate Rqst Summary Pt1 with Summary.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Ins Rate Rqst Summary Pt1 with Summary.pdf*

Response 3

Comments:

Please see John Alden VA Response Letter 11 17 21.
Thank you.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain if the rate increases previously approved on 10/24/2019 under SERFF Tracking #'s LFCR-130937845 has been fully implemented.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Response 4

Comments:

Please see JALIC VA Response Attachments 11 17 21.xlsx.
Thank you.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	John Alden Rate Filing Actuarial Memo with Attachments VA.pdf JALIC VA Response Attachments 11 17 21.xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf*

Response 5

Comments:

Please see John Alden VA Response Letter 11 17 21 and JALIC VA Response Attachments 11 17 21.xlsx.
Thank you.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: For all projections requested in this question, the baseline should comply with the following:

a. Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.

b. For the pre-stability block, assumptions are to be best-estimate. Please confirm.

c. Premiums should be at the Virginia rate level for both historical and projected future.

d. Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	John Alden Rate Filing Actuarial Memo with Attachments VA.pdf JALIC VA Response Attachments 11 17 21.xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf*

Response 6

Comments:

Please see John Alden VA Response Letter 11 17 21 and JALIC VA Response Attachments 11 17 21.xlsx.
Thank you.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: To assist the Virginia Bureau of Insurance in its review, for each of the subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

a. Current assumptions and current rates

b. Current assumptions with the proposed rate increase

c. Current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

d. Actual historical experience to the projection date and future projections based on the prior assumptions (to be used in the Prospective PV test)

e. Original assumptions and original premiums from inception

f. Provide the active life reserves balance as of the projection date on a nationwide basis.

Projections a-f can be separate tabs or combined into separate columns on the same exhibit.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	John Alden Rate Filing Actuarial Memo with Attachments VA.pdf JALIC VA Response Attachments 11 17 21.xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf*

Response 7

Comments:

Please see John Alden VA Response Letter 11 17 21 and John Alden Rate Filing Actuarial Memo with Attachments VA.pdf. Thank you.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Please provide details of the original assumptions used.

2) Please advise if the current assumptions are consistent with the most recent asset adequacy testing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	John Alden Rate Filing Actuarial Memo with Attachments VA.pdf JALIC VA Response Attachments 11 17 21.xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf*

Response 8

Comments:

Please see John Alden VA Response Letter 11 17 21.
Thank you.

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a discussion of the level of credibility the Company placed on the actual claims and how that was considered in the adjustment made to the LTCGs.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Response 9

Comments:

Please see John Alden VA Response Letter 11 17 21 and JALIC VA Response Attachments 11 17 21.xlsx.
Thank you.

Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the Prospective PV and If Knew/Makeup Blend allowable increases as currently under consideration by the NAIC.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	John Alden Rate Filing Actuarial Memo with Attachments VA.pdf JALIC VA Response Attachments 11 17 21.xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf*

Response 10

Comments:

Please see John Alden VA Response Letter 11 17 21 and JALIC VA Response Attachments 11 17 21.xlsx.
Thank you.

Related Objection 10

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain why a new rate increase is being requested given that in the previous filing (SERFF # LFCR-130937845) the nationwide lifetime loss ratio with interest, and after implementation of the rate increase, was projected as 130.7% for both forms combined. In this current rate request, the nationwide lifetime loss ratio projected is 120.3%, over 10 points lower than the previous filing.

If the company was comfortable with the previous rate increase producing a loss ratio of 130.7% and the experience indicated a performance of 120.3% loss ratio, explain why an additional rate increase is requested. Demonstrate how this is not a recoupment of past losses by placing a large increase on the remaining policyholders.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	John Alden Rate Filing Actuarial Memo with Attachments VA.pdf JALIC VA Response Attachments 11 17 21.xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*John Alden Rate Filing Actuarial Memo with Attachments VA.pdf*

Conclusion:

Sincerely,
Dianne Bowdish

Amendment Letter

Submitted Date: 05/23/2022

Comments:

Please see the John Alden VA Response Letter 06 09 22 Revised.

Thank you.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Alden VA Response Letter 06 09 22
Comments:	
Attachment(s):	John Alden VA Response Letter 06 09 22 Revised.pdf
Previous Version	
Satisfied - Item:	*John Alden VA Response Letter 06 09 22*
Comments:	
Attachment(s):	*John Alden VA Response Letter 06 09 22.pdf*

Reviewer Note

Created By:

Bill Dismore on 12/28/2021 07:36 AM

Last Edited By:

Bill Dismore

Submitted On:

09/14/2022 09:49 AM

Subject:

RRS

Comments:

Rate Review Summary

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: John Alden Life Insurance Company (NAIC: 65080)

SERFF Tracking Number: LFCR-133039445

Revised Rates

Average Annual Premium Per Member: $1,261.24

Average Requested Percentage Rate Change Per Member: 10%

Range of Requested Rate Changes: N/A

Number of Virginia Policyholders Affected: 90

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
J-5762-P-VA	Independent Life Plan	5/13/1993 - 3/7/1996	10/2/2008 - 25% 10/24/2019 - 20%	We plan to file for another increase in the following year.
J-5875-P-VA, J-5875-P-VA (Q)& (NQ)	Lifetime Independence Plan	3/18/1996 - 3/21/2000	10/2/2008 - 25% 10/24/2019 - 20%	We plan to file for another increase in the following year.

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx.

John Alden Life Insurance Company

Policy Forms: J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q) & (NQ)

Summary of Key Information Used to Determine Rates

The company is requesting the approval of a flat increase of 10% on the current base rates for the titled policy forms.

As part of the in-force management of the business, the company and its reinsurers regularly conduct experience analysis to determine the current best estimate assumptions, and lifetime loss ratios are projected using these assumptions. Recent studies indicate that the mortality and lapse experience have been unfavorable and are expected to remain lower than the pricing assumptions going forward. A rate increase is needed to adjust to this current experience and to maintain a reasonable lifetime loss ratio.

Part 2 - Long Term Care Insurance Rate Request Summary

Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission

Company Name and NAIC Number: John Alden Life Insurance Company– NAIC # 65080

SERFF Tracking Number: LFCR-133039445

Disposition: Approved & Filed

Approval Date: 9/14/2022

Current Average Annual Premium Per Member:

No Inflation: $1,433;

Simple Inflation: $1,600;

Compound Inflation: $1,726

Rate Changes:

Average Percentage Rate Change Per Member: 10%

Minimum Requested Percentage Rate Change Per Member: 10%

Maximum Requested Percentage Rate Change Per Member: 10%

Number of Virginia Policy Holders Affected: 90

Summary of the Bureau's review of the rate request:

The Company requested a 72.80% rate increase on this block of individual long-term care insurance policy forms. However, after discussion with the Bureau, the increase was reduced to 10%.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-150 of the Virginia Administrative Code. The review indicated that the anticipated lifetime loss ratio after the increase will be 119.4%, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they do not intend to request future rates increases on this block unless the actual experience is worse than projected.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

Post Submission Update Request Processed On 09/14/2022

Status:	Allowed
Created By:	Dianne Bowdish
Processed By:	Bill Dismore
Comments:	

Company Rate Information:

Company Name:John Alden Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	10.000%	72.800%
Overall % Rate Impact	10.000%	72.800%
Written Premium Change for this Program	$11351	$82636
Maximum %Change (where required)	10.000%	72.800%
Minimum %Change (where required)	10.000%	72.800%

State: Virginia **Filing Company:** John Alden Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Lifetime Independence
Project Name/Number: /

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 09/14/2022	NOTICE OF PREMIUM RATE INCREASE	J-NPRI-VA	OTH	Initial		41.200	J-NPRI-VA.pdf
2	Approved 09/14/2022	COVERAGE CHANGE REQUEST FORM	J-CCR-VA	OTH	Initial		42.300	J-CCR-VA.pdf
3		See J-NPRI-VA Above	See J-NPRI-VA	OTH	Initial			
4		See J-CCR-VA Above	See J-CCR-VA	OTH	Initial			
5	Approved 09/14/2022	ENDORSEMENT	JA-E-NF-VA	POLA	Initial		47.200	JA-E-NF-VA.pdf
6	Approved 09/14/2022	ENDORSEMENT	JA-E-CNF-VA	POLA	Initial		48.200	JA-E-CNF-VA.pdf
7	Approved 09/14/2022	ENDORSEMENT	JA-E-BR-VA	POLA	Initial		49.100	JA-E-BR-VA.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NAP**	Network Access Plan
NOC	Notice of Coverage	**OTH**	Other
OUT	Outline of Coverage	**PJK**	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	**POLA**	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	**PRD**	Provider Directory

Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8104 / FAX (818) 887-4595

John Alden®
LIFE INSURANCE COMPANY

[DATE]

[INSURED NAME]
[INSURED ADDRESS]
[CITY, STATE, ZIP]

NOTICE OF PREMIUM RATE INCREASE

Re: John Alden Life Insurance Company Long-Term Care Insurance
[POLICY NUMBER]

Dear Policyholder,

What is Happening

We are writing to inform you of an upcoming premium increase of our long-term care policies, which will impact your current policy with our company.

To help ease the impact of this rate increase, we'll implement the increase in stages according to the schedule outlined below. We'll send you a notification letter in advance of each scheduled increase.

The first increase will be effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [$xxx.xx to $yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. Your premium will also increase effective [Month XX, 20YY+1] and [Month XX, 20YY+2].

Policy Anniversary	Premium after Rate Increase	Percent of Increase
[Month XX, 20YY]	[xxxx.xx]	[xx.x%]
[Month XX, 20YY+1]	[yyyy.yy]	[yy.y%]
[Month XX, 20YY+2]	[zzzz.zz]	[zz.z%]

Instead of paying the higher premiums, you can choose to change your policy's benefits or features. We've listed your options on the next page.

[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium; should this occur, you are welcome to contact our customer service associates to discuss the options available to you that may help offset the increase in premium.]

Why it's Happening

Many factors have changed that impact the price of long-term care policies. For example, long-term care costs are rising, and people need long-term care longer because they're living longer. For these reasons, we're paying higher amounts of benefits. We need to increase premiums to keep up with costs.
You're not being singled out for a premium increase because of changes in the insured's age, health, claims history, or other individual characteristics.

Your long-term care insurance policy is guaranteed renewable. It means as long as you pay your premium, we cannot cancel or refuse to renew your policy, but we may increase premium rates.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx. As experience develops, your policy may be subject to additional rate increases in the future. However, John Alden Life Insurance Company remains committed to meeting your long-term protection needs at the lowest cost possible.

What are My Options

We understand that a premium increase may be difficult, and we are committed to helping you understand your options so that you can make the best decision for your personal situation. Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [$xxx.xx to $yyy.yy], your [modal] premium would be [$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community-based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time during which you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- [**Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium.]
- [**Contingent Benefit Upon Lapse Option**: Under this option, if you choose not to pay any future premiums, and your policy lapses within 120 days of the rate increase effective date, [Month XX, 20YY], you may convert your policy to a paid-up status with reduced benefits and no future premiums will be due. The policy will continue under its current terms, but the benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. In no event will the benefits under this option exceed the maximum benefits that would be payable if the policy remained in a premium paying status. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. By exercising a Contingent Benefit Upon Lapse option, you may significantly reduce your policy benefits. Therefore, careful consideration is strongly recommended.]

All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month, XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect.

If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8104, Monday through Friday, from 7 a.m. to 5 p.m. Pacific Time.

Sincerely,

John Alden Life Insurance Company

Enclosures:
Coverage Change Request Form
Business Reply Envelope

Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8104 / FAX (818) 887-4595

John Alden®
LIFE INSURANCE COMPANY

[DATE]

[INSURED NAME]
[INSURED ADDRESS]
[CITY, STATE, ZIP]

COVERAGE CHANGE REQUEST FORM

Re: Your Long-Term Care Insurance [POLICY NUMBER]

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage-paid envelope to:

John Alden Life Insurance Company
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY], your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

If you wish to discuss other options, please contact your agent or our office at 888-503-8104.

Please indicate your choice by checking one of the options below. If you do not check any option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

☐ **Reduce my current daily benefit amount** from [$xxx.xx to $yyy.yy] which will result in a [modal] premium of [$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.

[

☐ Exercise the paid-up option with a reduced benefit amount through the **Non-Forfeiture Rider** provided by my policy.
Please note: Please refer to the specific rider attached to the policy for additional details regarding the rider terms. By exercising this option, your benefit amount will be replaced with the amount specified in your rider.

]

[

☐ Exercise the paid-up option with a reduced benefit amount through **Contingent Benefit Upon Lapse Option** provided by the Company.

Please note: As this paid-up option starts on the effective date of the premium increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date.

]

Signature of Policyholder | Date Signed

Signature of Joint Policyholder (if applicable) | Date Signed

John Alden Life Insurance Company
Home Office: St. Louis Park, MN
Long Term Care Administrative Office
Post Office Box 4243
Woodland Hills, CA 91365-4243
Phone:(888) 503-8104
A Stock Company

ENDORSEMENT

This endorsement is attached to and made a part of Policy No. [ ] effective [ ].

The Nonforfeiture Option of your Long Term Care Policy has been exercised. No further premium is due. The Policy will continue under its current terms, the current nonforfeiture value is [$]. No further increases will occur under any benefit increase rider, if attached to the Policy. All benefits paid by the insurer will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

Executed for the Company at its Home Office in [ ].

[ ]
Secretary

[ ]
President

John Alden Life Insurance Company
Home Office: St. Louis Park, MN
Long Term Care Administrative Office
Post Office Box 4243
Woodland Hills, CA 91365-4243
Phone:(888) 503-8104
A Stock Company

ENDORSEMENT

This endorsement is attached to and made a part of Policy No. [ ] effective [ ].

The Contingent Benefit Upon Lapse Option of your Long Term Care Policy that was provided to you at the time of your premium increase has been exercised. No further premium is due. The Policy will continue under its current terms, but benefits payable will be limited to [$]. No further increases will occur under any benefit increase rider, if attached to the Policy. All benefits paid by the insurer will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

Executed for the Company at its Home Office in [ ].

[ ]	[ ]
Secretary	President

John Alden Life Insurance Company
Home Office: St. Louis Park, MN
Long Term Care Administrative Office
Post Office Box 4243
Woodland Hills, CA 91365-4243
Phone:(888) 503-8104
A Stock Company

ENDORSEMENT

This endorsement is attached to and made a part of Policy No. [ ] effective [ ].
Your election to decrease the benefits of your Long Term Care Policy due to the premium increase has been exercised. [ ]. This change will not alter any other conditions, provisions or limitations under your Policy.

Executed for the Company at its Home Office in [ ].

[ ]
Secretary

[ ]
President

State:	Virginia	**Filing Company:**	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Lifetime Independence		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	20.000%
Effective Date of Last Rate Revision:	03/07/2020
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	LFCR-130937845

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
John Alden Life Insurance Company	10.000%	10.000%	$11,351	90	$113,511	10.000%	10.000%

State: Virginia **Filing Company:** John Alden Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Lifetime Independence
Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		John Alden VA Rate Tables	J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q) & (NQ)	New		John Alden VA Rate Tables Rev.pdf,

John Alden Life Insurance Company
Policy Form: J-5762-P
Exhibit B1.2
Rates and Factors After Proposed Increase (10%)
Individual / Standard Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	LTNC Level Premium Per $10 Daily Benefit	Benefit Increase Factors Compound	Other Riders Limited SB/COC	Other Riders Full SB/COC
40	**39.60**	**3.00**	**1.20**	**1.260**
41	41.58	3.00	1.21	1.273
42	43.56	3.00	1.22	1.286
43	45.54	3.00	1.23	1.299
44	47.52	3.00	1.24	1.312
45	**49.50**	**3.00**	**1.25**	**1.325**
46	51.48	3.00	1.26	1.338
47	53.46	3.00	1.27	1.351
48	55.44	3.00	1.28	1.364
49	57.42	3.00	1.29	1.377
50	**59.40**	**3.00**	**1.30**	**1.390**
51	62.37	2.92	1.31	1.403
52	65.34	2.84	1.32	1.416
53	68.31	2.76	1.33	1.429
54	71.28	2.68	1.34	1.442
55	**74.25**	**2.60**	**1.35**	**1.455**
56	80.19	2.55	1.36	1.468
57	86.13	2.50	1.37	1.481
58	92.07	2.45	1.38	1.494
59	98.01	2.40	1.39	1.507
60	**103.95**	**2.35**	**1.40**	**1.520**
61	115.83	2.28	1.41	1.533
62	127.71	2.21	1.42	1.546
63	139.59	2.14	1.43	1.559
64	151.47	2.07	1.44	1.572
65	**163.35**	**2.00**	**1.45**	**1.585**
66	190.08	1.94	1.46	1.598
67	216.81	1.88	1.47	1.611
68	243.54	1.82	1.48	1.624
69	270.27	1.76	1.49	1.637
70	**297.00**	**1.70**	**1.50**	**1.650**
71	351.45	1.66	1.51	1.663
72	405.90	1.62	1.52	1.676
73	460.35	1.58	1.53	1.689
74	514.80	1.54	1.54	1.702
75	**569.25**	**1.52**	**1.55**	**1.715**
76	643.50	1.49	1.56	1.728
77	717.75	1.46	1.57	1.741
78	792.00	1.43	1.58	1.754
79	866.25	1.40	1.59	1.767
80	**940.50**	**1.36**	**1.60**	**1.780**
81	1,009.80	1.33	1.61	1.793
82	1,079.10	1.30	1.62	1.806
83	1,148.40	1.27	1.63	1.819
84	1,217.70	1.24	1.64	1.832

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred	0.70	0-Day	1.50	Annual	1.00
Standard	1.00	30-Day	1.30	Semi-Annual	0.52
Substandard1	1.25	90-Day	1.00	Quarterly	0.27
Substandard2	1.50	180-Day	0.80	Monthly	0.10
Non-level Premium Factor		**HHC Benefit Rider Elimination & Premium Factor**		**Other Factors**	
First Year	2.000	0 Visits (50%)	0.75	Joint Factor	1.50
Renewal Years	0.667	0 Visits (100%)	1.50	3-Yr Benefit Period	0.70
		30 Visits (50%)	0.65	Group Discount	0.10
		30 Visits (100%)	1.30	First Day of Coverage	1.25

John Alden Life Insurance Company
Policy Form: J-5875-P
Exhibit B2.2
Rates and Factors After Proposed Increase (10%)
Individual / Standard Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	LTNC Level Premium Per $10 Daily Benefit	HCBC Reimbursement Premium	HCBC Indemnity Premium	Benefit Increase Factors		Other Riders			
				Compound	Simple	10-Pay Factor	Limited COC Factor	Full COC Factor	SBP Factor
40	**34.65**	**27.72**	**34.65**	**3.00**	**2.21**	**1.90**	**1.244**	**1.330**	**1.122**
41	36.38	29.10	36.38	3.00	2.21	1.89	1.252	1.340	1.126
42	38.11	30.49	38.11	3.00	2.21	1.88	1.259	1.350	1.130
43	39.84	31.87	39.84	3.00	2.21	1.87	1.267	1.360	1.134
44	41.58	33.26	41.58	3.00	2.21	1.86	1.274	1.370	1.137
45	**43.31**	**34.65**	**43.31**	**3.00**	**2.21**	**1.85**	**1.281**	**1.380**	**1.141**
46	45.04	36.03	45.04	3.00	2.21	1.84	1.289	1.390	1.145
47	46.77	37.42	46.77	3.00	2.21	1.83	1.296	1.400	1.148
48	48.51	38.80	48.51	3.00	2.21	1.82	1.304	1.410	1.152
49	50.24	40.19	50.24	3.00	2.21	1.81	1.311	1.420	1.156
50	**51.97**	**41.58**	**51.97**	**3.00**	**2.20**	**1.80**	**1.319**	**1.430**	**1.160**
51	54.58	43.66	54.58	2.92	2.14	1.79	1.326	1.440	1.163
52	57.17	45.73	57.17	2.84	2.08	1.78	1.333	1.450	1.167
53	59.77	47.82	59.77	2.76	2.02	1.77	1.344	1.465	1.172
54	62.37	49.89	62.37	2.68	1.96	1.76	1.356	1.480	1.178
55	**64.97**	**51.98**	**64.97**	**2.60**	**1.90**	**1.75**	**1.367**	**1.495**	**1.184**
56	70.17	56.13	70.17	2.55	1.86	1.73	1.378	1.510	1.189
57	75.37	60.29	75.37	2.50	1.82	1.71	1.389	1.525	1.195
58	80.56	64.45	80.56	2.45	1.78	1.69	1.400	1.540	1.200
59	85.76	68.61	85.76	2.40	1.74	1.67	1.411	1.555	1.206
60	**90.96**	**72.77**	**90.96**	**2.35**	**1.70**	**1.65**	**1.422**	**1.570**	**1.211**
61	103.38	82.71	103.38	2.28	1.67	1.63	1.433	1.585	1.217
62	115.83	92.66	115.83	2.21	1.64	1.61	1.444	1.600	1.222
63	128.27	102.61	128.27	2.14	1.61	1.59	1.467	1.630	1.234
64	140.71	112.56	140.71	2.07	1.58	1.57	1.489	1.660	1.245
65	**153.13**	**122.50**	**153.13**	**2.00**	**1.55**	**1.55**	**1.511**	**1.690**	**1.256**
66	174.48	139.59	174.48	1.94	1.52	1.53	1.533	1.720	1.267
67	195.83	156.67	195.83	1.88	1.49	1.51	1.556	1.750	1.278
68	217.17	173.73	217.17	1.82	1.46	1.49	1.578	1.780	1.289
69	238.52	190.81	238.52	1.76	1.43	1.47	1.600	1.810	1.300
70	**259.87**	**207.90**	**259.87**	**1.70**	**1.40**	**1.45**	**1.622**	**1.840**	**1.311**
71	300.39	240.31	300.39	1.66	1.39	1.43	1.644	1.870	1.322
72	340.92	272.73	340.92	1.62	1.37	1.41	1.667	1.900	1.334
73	381.46	305.17	381.46	1.58	1.35	1.39	1.681	1.920	1.341
74	421.98	337.59	421.98	1.54	1.33	1.37	1.696	1.940	1.348
75	**462.51**	**370.00**	**462.51**	**1.50**	**1.31**	**1.35**	**1.711**	**1.960**	**1.356**
76	534.60	427.68	534.60	1.49	1.29	1.33	1.726	1.980	1.363
77	606.68	485.35	606.68	1.48	1.27	1.31	1.741	2.000	1.371
78	678.76	543.00	678.76	1.47	1.25	1.29	1.748	2.010	1.374
79	750.84	600.67	750.84	1.46	1.23	1.27	1.756	2.020	1.378
80	**822.93**	**658.35**	**822.93**	**1.45**	**1.21**	**1.25**	**1.763**	**2.030**	**1.382**
81	895.02	716.02	895.02	1.44	1.20	1.23	1.770	2.040	1.385
82	967.09	773.67	967.09	1.43	1.19	1.21	1.778	2.050	1.389
83	1,039.18	831.34	1,039.18	1.42	1.18	1.19	1.785	2.060	1.393
84	1,111.27	889.02	1,111.27	1.41	1.17	1.17	1.793	2.070	1.397

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode		Benefit Period		Other Factors	
Accept	0.80	0-Day	1.30	Annual	1.00	2-Year	0.60	Joint Factor	1.50
Standard	1.00	30-Day	1.15	Semi-Annual	0.52	3-Year	0.70	ALF Benefit Rider	1.14
Substandard	1.20	90-Day	1.00	Quarterly	0.27	4-Year	0.80		
		180-Day	0.90	Monthly	0.085				

Non-level Premium Factor		Endorsed Group Discount	
First Year	2.00	Ages 40-64	0.15
Renewal Years	0.75	Ages 65+	0.10

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	VA Cert of Compliance.pdf
Item Status:	Received & Acknowledged
Status Date:	03/23/2022

Satisfied - Item:	Product Checklist
Comments:	N/A
Attachment(s):	Long-Term-Care-Rate-Revision-Checklist.pdf
Item Status:	Received & Acknowledged
Status Date:	03/23/2022

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	JALIC VA Response Attachments 11 17 21.xlsx John Alden Rate Filing Actuarial Memo with Attachments VA rev.pdf
Item Status:	Received & Acknowledged
Status Date:	09/14/2022

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Health Ins Rate Rqst Summary Pt1 with Summary Rev.pdf
Item Status:	Received & Acknowledged
Status Date:	09/14/2022

Bypassed - Item:	L&H Readability - Health
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	TPA Authorization Letter
Comments:	
Attachment(s):	2021- John Alden TPA authorization.pdf
Item Status:	Received & Acknowledged

Status Date:	03/23/2022

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Item Status:	Filed
Status Date:	09/14/2022

Satisfied - Item:	JA-Virginia Endorsements SOV
Comments:	
Attachment(s):	JA-Virginia Endorsements SOV.pdf
Item Status:	Filed
Status Date:	09/14/2022

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	J-CCR-VA John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2022

Satisfied - Item:	J-NPRI-VA John Doe
Comments:	
Attachment(s):	J-NPRI-VA John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	09/14/2022

Satisfied - Item:	J-CCR-VA John Doe
Comments:	J-CCR-VA John Doe above combines the former J-NPO-CCR-VA John Doe and J-NFO-CCR-VA John Doe
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/27/2022

Satisfied - Item:	J-NPO-VA John Doe
Comments:	J-NPRI-VA above combines J-NPO-VA and J-NFO-VA
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	09/14/2022

Satisfied - Item:	John Alden VA Response Letter 11 17 21
Comments:	
Attachment(s):	John Alden VA Response Letter 11 17 21.pdf
Item Status:	Received & Acknowledged
Status Date:	03/23/2022

Satisfied - Item:	John Alden VA Response Letter 12 21 21
Comments:	
Attachment(s):	John Alden VA Response Letter 12 21 21.pdf
Item Status:	Received & Acknowledged
Status Date:	03/23/2022

Satisfied - Item:	John Alden VA Response Letter 01 05 22
Comments:	
Attachment(s):	John Alden VA Response Letter 01 05 22.pdf
Item Status:	Received & Acknowledged
Status Date:	03/23/2022

Satisfied - Item:	JALIC VA Response Attachments 01 05 22
Comments:	
Attachment(s):	JALIC VA Response Attachments 01 05 22.xlsx
Item Status:	Received & Acknowledged
Status Date:	03/23/2022

Satisfied - Item:	John Alden VA Response Letter 02 08 22
Comments:	
Attachment(s):	John Alden VA Response Letter 02 08 22.pdf
Item Status:	Received & Acknowledged
Status Date:	03/23/2022

Satisfied - Item:	John Alden VA Response Attachments 02 08 22
Comments:	
Attachment(s):	John Alden VA Response Attachments 02 08 22.xlsx
Item Status:	Received & Acknowledged
Status Date:	03/23/2022

Satisfied - Item:	John Alden VA Response Letter 03 24 22 #2
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #2.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2022

Satisfied - Item:	John Alden VA Response Letter 03 24 22 #1
Comments:	
Attachment(s):	John Alden VA Response Letter 03 24 22 #1.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2022

Satisfied - Item:	John Alden VA Flesch Reading Score
Comments:	
Attachment(s):	John Alden VA Flesch Reading Score.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2022

Satisfied - Item:	Redline Forms
Comments:	
Attachment(s):	J-CCR-VA Redline.pdf J-NPRI-VA Redline.pdf
Item Status:	Received & Acknowledged
Status Date:	09/14/2022

Satisfied - Item:	John Alden VA Response Letter 06 09 22
Comments:	
Attachment(s):	John Alden VA Response Letter 06 09 22 Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	09/14/2022

Satisfied - Item:	John Alden VA Response Letter 05 10 22
Comments:	
Attachment(s):	John Alden VA Response Letter 05 10 22.pdf
Item Status:	Received & Acknowledged
Status Date:	09/14/2022

State:	Virginia
Filing Company:	John Alden Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name:	Lifetime Independence
Project Name/Number:	/

Satisfied - Item:	John Alden VA Response Letter 09 09 22
Comments:	
Attachment(s):	John Alden VA Response Letter 09 09 22.pdf
Item Status:	Received & Acknowledged
Status Date:	09/14/2022

Attachment JALIC VA Response Attachments 11 17 21.xlsx is not a PDF document and cannot be reproduced here.

Attachment JALIC VA Response Attachments 01 05 22.xlsx is not a PDF document and cannot be reproduced here.

Attachment John Alden VA Response Attachments 02 08 22.xlsx is not a PDF document and cannot be reproduced here.

Submitted By: Phillip Oh, FSA, MAAA

CERTIFICATION

The company has reviewed the enclosed policy form(s) and certified that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Name: Phillip Oh

Title : Consulting Actuary

Date: 10/27/2021

Reset Form

NOTE: This document is intended to assist carriers in preparing LTCI rate increase filings for review and approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. Note that some regulatory references in the Comments column are approximate. <u>It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.</u>

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF. Third-party filing authorization must be included.	Submitted via SERFF. Third-party authorization letter is included.
	14VAC5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; and intentions to concentrate on a specialized market should be noted.	See filing description.
	14VAC5-101-50 C 2	Filing description must include the form number of each form that is being filed.	See filing description.
General Information Filing Description	14VAC5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, the exact changes that are intended.	See filing description.
	14VAC5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	Not applicable; no changes in benefits.
	14VAC5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	Not Applicable

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	Not Applicable; this is a rate increase filing.
	14VAC5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	Not Applicable
Form Number	14VAC5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	Not Applicable
Company Name and Address	14VAC5-101-60 2	Full and proper name (including "Inc.") must appear prominently on first page or cover sheet of all forms. Home office address must be included on first page of any policy, application, or enrollment form.	Not Applicable
Marketing Name or Logo	14VAC5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the company.	Not Applicable
	14VAC5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy if different from the home office, a company telephone number, and company website address.	Not Applicable
Final Form	14VAC5-101-60 5	Form must be submitted in "final form" and in "John Doe fashion" to indicate its intended use.	Not Applicable
Electronic Version	14VAC5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	Not Applicable
Readability	14VAC5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, and printed in a legible format.	Not Applicable

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	Not Applicable
Type Size	14VAC5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	Not Applicable
	14VAC5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	Not Applicable
Variability	14VAC5-101-80	A. Use of variable bracketed information shall be limited. All variable information shall be clear, easily understood and fully explain each use of the variable language. B. Administrative information, such as officer names, titles and signatures, contact information, or company logo may be presented as variable bracketed text. C. Different types of benefits may be variable only for inclusion or exclusion within the form. The use of brackets within brackets is not permitted, except when variability is necessary to identify a period of time or other numeric value. D. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form. E. Requests for revisions to a Statement of Variability contained in a previously approved filing shall be accomplished by notification in the original filing.	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
Filing a Rate Revision	14 VAC 5-130-70 A	(i) New rate sheet;	John Alden VA Rate Tables.pdf
		(ii) All information required by SERFF.	Acknowledged
	14 VAC 5-130-70 B	Actuarial Memorandum	John Alden Rate Filing Actuarial Memo with Attachments VA.pdf
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	Act Memo - Exhibit A
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	Act Memo - Sections 2 & 3
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Act Memo - Exhibits B1.1-B2.3
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	Act Memo - Page 2, 3rd paragraph
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) Average overall change, including a detailed explanation of how the change was determined.	Act Memo - Exhibit A1
	14VAC5-130-70 B 6	*The following is applicable to all coverage with the exception of coverage issued in the small group market:* (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and	(i) Act Memo - Section 9 (ii) The basis for the rate revision is nationwide experience.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(iii) If blended, provide the credibility factor assigned to the national experience.	Not Applicable
	14VAC5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	Act Memo - Section 5
	14VAC5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	Act Memo - Section 6 & 10
	14VAC5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	Not Applicable
	14VAC5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	Act Memo - Section 9 & 11
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	J-5762-P: 64.2%, J-5875-P: 65.7%
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	Not Applicable
	14VAC5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such	Act Memo - Exhibit A1

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		members in the year immediately prior to the filing of the rate revision.	
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	Act Memo - Section 14
Policyholder Letter Review	14VAC5-200-75 A	Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this subsection to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such a case, an insurer shall provide all the information listed in this section to the applicant no later than at the time of delivery of the policy or certificate.	Acknowledged. We are providing customer notices to be used with this increase. The references below correspond to customer notices J-NPO-VA and J-NFO-VA.
	14VAC5-200-75 A 1	A statement that the policy may be subject to rate increases in the future;	Paragraph 9
	14VAC5-200-75 A 2	An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;	Paragraph 10
	14VAC5-200-75 A 3	The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;	Paragraph 3 Table
	14VAC5-200-75 A 4	A general explanation for applying premium rate or rate schedule adjustments that shall include: a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;	a. Paragraph 3 Table b. Paragraph 4

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-75 D	An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer. Such notice shall be filed with the commission at the time the premium rate increase is filed. The notice shall include at least the following information:	The company will comply with this provision.
	14VAC5-200-75 D 1	All applicable information identified in subsection A of this section when the rate increase is implemented;	Acknowledged
Policyholder Options	14VAC5-200-75 D 2	A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including: a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183; b. A disclosure stating that all options available to the policyholder may not be of equal value; c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and d. Contact information that will allow the policyholder to contact the insurer for additional options available;	a. "What are My Options" section, 1st bullet b. Paragraph 11 c. Paragraph 11 d. Last Paragraph
	14VAC5-200-75 D 3	A clear identification of the driving factors of the premium rate increase; and	Paragraph 6
	14VAC5-200-75 D 4	A statement substantially similar to the following: The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available	Paragraph 9

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.	
Pre-Rate Stability	14VAC5-200-150 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.	Acknowledged
Reasonableness of Benefits	14VAC5-200-150 B	Benefits under individual long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus: (i) 80% applied to any premium rate increase for individual policy forms or, (ii) 75% applied to any premium rate increase on group policy forms.	Acknowledged
		In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:	
	14VAC5-200-150 B 1	Statistical credibility of incurred claims experience and earned premiums.	Acknowledged
	14VAC5-200-150 B 2	The period for which rates are computed to provide coverage.	Acknowledged
	14VAC5-200-150 B 3	Experienced and projected trends;	Acknowledged
	14VAC5-200-150 B 4	Concentration of experience within early policy duration;	Acknowledged
	14VAC5-200-150 B 5	Expected claim fluctuation;	Acknowledged
	14VAC5-200-150 B 6	Experience refunds, adjustments or dividends.	Acknowledged
	14VAC5-200-150 B 7	Renewability features;	Acknowledged
	14VAC5-200-150 B 8	All appropriate expense factors;	Acknowledged
	14VAC5-200-150 B 9	Interest;	Acknowledged
	14VAC5-200-150 B 10	Experimental nature of the coverage;	Acknowledged
	14VAC5-200-150 B 11	Policy reserves;	Acknowledged

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-150 B 12	Mix of business by risk classification; and	Acknowledged
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	Acknowledged
		Demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms, Chapter 130 (14 VAC 5-130) of this title. All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.	Acknowledged
	14VAC5-200-150 C	Any insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The entire series mat be approved at one time as part of the current rate increase filing.	Acknowledged
	14VAC5-200-150 D	As a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required, a contingent benefit upon lapse provision will be required in accordance with 14VAC5-200-185 D. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases will trigger the offering of a contingent benefit upon lapse, the insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	Acknowledged
	14VAC5-200-150 E	All submissions shall include information required by 14VAC5-200-75.	Acknowledged
Long-Term Care Insurance Funded by Life Insurance	14VAC5-200-150 F	A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is considered to provide reasonable benefits in relation to	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		premiums paid, if the policy complies with all the following provisions:	
	14VAC5-200-150 F 1	The interest credited internally to determine cash value accumulations, including long term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;	Not Applicable
	14VAC5-200-150 F 2	The portion of the policy that provides life insurance benefits meets the nonforfeiture requirements of Chapter 32 (§ 38.2-3200 et seq.) of Title 38.2 of the Code of Virginia;	Not Applicable
	14VAC5-200-150 F 3	If an application for a long-term care insurance contract or certificate is approved, the issuer shall deliver the contract or certificate of insurance to the applicant no later than 30 days after the date of approval;	Not Applicable
	14VAC5-200-150 F 4	At the time of policy delivery, a policy summary shall be delivered for an individual life insurance policy that provides long-term care benefits within the policy or by rider. In the case of direct response solicitations, the insurer shall deliver the policy summary upon the applicant's request, but regardless of request shall make delivery no later than at the time of policy delivery. In addition to complying with all applicable requirements, the summary shall also include:	Not Applicable
		a. An explanation of how the long-term care benefit interacts with other components of the policy, including deductions from death benefits;	Not Applicable
		b. An illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits, if any, for each covered person;	Not Applicable
		c. Any exclusions, reductions and limitations on benefits of long-term care;	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. A statement that any long-term care inflation protection option required by 14VAC5- 200-100 is not available under this policy;	Not Applicable
		e. If applicable to the policy type, the summary shall also include: (1) A disclosure of the effects of exercising other rights under the policy; (2) A disclosure of guarantees related to long-term care costs of insurance charges; and (3) Current and projected maximum lifetime benefits; and	Not Applicable
		f. The provisions of the policy summary listed above may be incorporated into a basic illustration or into the life insurance policy summary;	Not Applicable
	14VAC5-200-150 F 5	Any time a long-term care benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided to the policyholder. The report shall include:	Not Applicable
		a. Any long-term care benefits paid out during the month;	Not Applicable
		b. An explanation of any changes in the policy (e.g., death benefits or cash values) due to long-term care benefits being paid out; and	Not Applicable
		c. The amount of long-term care benefits existing or remaining;	Not Applicable
	14VAC5-200-150 F 6	Any policy illustration that meets the applicable requirements of 14VAC5-41; and	Not Applicable
	14VAC5-200-150 F 7	An actuarial memorandum is filed with the Bureau of Insurance that includes:	Not Applicable
		a. A description of the basis on which the long-term care rates were determined;	Not Applicable
		b. A description of the basis for the reserves;	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;	Not Applicable
		d. A description and a table of each actuarial assumption used. For expenses, an insurer must include percentage of premium dollars per policy and dollars per unit of benefits, if any;	Not Applicable
		e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;	Not Applicable
		f. The estimated average annual premium per policy and the average issue age;	Not Applicable
		g. A statement as to whether underwriting is performed at the time of application. The statement shall indicate whether underwriting is used and, if used, the statement shall include a description of the type or types of underwriting used, such as medical underwriting or functional assessment underwriting. Concerning a group policy, the statement shall indicate whether the enrollee or any dependent will be underwritten and when underwriting occurs; and	Not Applicable
		h. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.	Not Applicable
Post-Stability Policies	14VAC5-200-153 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth on or after October 1, 2003, but prior to September 1, 2015.	Not Applicable
	14VAC5-200-153 B	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		exceptional increase, prior to the notice to the policyholders and shall include:	
	14VAC5-200-153 B 1	Information required by 14VAC5-200-75;	Not Applicable
	14VAC5-200-153 B 2	Certification by a qualified actuary that:	Not Applicable
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	Not Applicable
		b. The premium rate filing is in compliance with the provisions of this section;	Not Applicable
	14VAC5-200-153 B 3	An actuarial memorandum justifying the rate schedule change request that includes:	Not Applicable
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	Not Applicable
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	Not Applicable
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	Not Applicable
		(3) The projections shall demonstrate compliance with subsection C of this section; and	Not Applicable
		(4) For exceptional increases,	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	Not Applicable
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	Not Applicable
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	Not Applicable
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	Not Applicable
		e. If it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	Not Applicable
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	Not Applicable
	14VAC5-200-153 B 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	Not Applicable
	14VAC5-200-153 B 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	Not Applicable
Series Rate Increases		An insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		entire series may be approved at one time as part of the current rate increase filing. The insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
		The insurer may request a premium rate schedule increase less than what is required under this section and the commission may approve such premium rate schedule increase, without submission of the certification in subdivision 2 a of this subsection, if the actuarial memorandum discloses the premium rate schedule increase necessary to make such certification required, the premium rate schedule increase filing satisfies all other requirements of this section, and is, in the opinion of the commission, in the best interest of policyholders.	Not Applicable
	14VAC5-200-153 C	All premium rate schedule increases shall be determined in accordance with the following requirements:	Not Applicable
Exceptional Increases	14VAC5-200-153 C 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	Not Applicable
	14VAC5-200-153 C 2	Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:	Not Applicable
		a. The accumulated value of the initial earned premium times 58%;	Not Applicable
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	Not Applicable
		c. The present value of future projected initial earned premiums times 58%; and	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	Not Applicable
	14VAC5-200-153 C 3	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	Not Applicable
	14VAC5-200-153 C 4	All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	Not Applicable
	14VAC5-200-153 D	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision B 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection K of this section, the projections required by subdivision B 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	Not Applicable
	14VAC5-200-153 E	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision B 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection D of	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		this section. For group insurance policies that meet the conditions in subsection K of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	
Premium Rate Increases for Policies Issued After September 1, 2015.	14VAC5-200-154 A	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an exceptional increase, prior to the notice to the policyholders and shall include:	Not Applicable
	14VAC5-200-154 A 1	Information required by 14VAC5-200-75;	Not Applicable
	14VAC5-200-154 A 2	Certification by a qualified actuary that:	Not Applicable
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	Not Applicable
		b. The premium rate filing is in compliance with the provisions of this section;	Not Applicable
	14VAC5-200-154 A 3	An actuarial memorandum justifying the rate schedule change request that includes:	Not Applicable
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	Not Applicable
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	Not Applicable
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(3) The projections shall demonstrate compliance with subsection B of this section; and	Not Applicable
		(4) For exceptional increases:	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	Not Applicable
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	Not Applicable
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	Not Applicable
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	Not Applicable
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	Not Applicable
		e. In the event that it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	Not Applicable
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	Not Applicable
	14VAC5-200-154 A 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	
	14VAC5-200-154 A 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	Not Applicable
	14VAC5-200-154 B	All premium rate schedule increases shall be determined in accordance with the following requirements:	Not Applicable
Exceptional Increases	14VAC5-200-154 B 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	Not Applicable
	14VAC5-200-154 B 2	Premium rate schedule increases shall be calculated such that the sum of the lesser of (i) the accumulated value of actual incurred claims, without the inclusion of active life reserves, or (ii) the accumulated value of historic expected claims without the inclusion of active life reserves, plus the present value of the future expected incurred claims, projected without the inclusion of actual life reserves, will not be less than the sum of the following:	Not Applicable
		a. The accumulated value of the initial earned premium times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;	Not Applicable
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	Not Applicable
		c. The present value of future projected initial earned premiums times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	Not Applicable
	14VAC5-200-154 B 3	Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Expected claims are calculated for each calendar year based on the in-force policies at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;	Not Applicable
	14VAC5-200-154 B 4	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	Not Applicable
	14VAC5-200-154 B 5	All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	Not Applicable
	14VAC5-200-154 C	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision A 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The	Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection J of this section, the projections required by subdivision A 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	
	14VAC5-200-154 D	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision A 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection C of this section. For group insurance policies that meet the conditions in subsection J of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	Not Applicable

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
http://www.scc.virginia.gov/boi/laws.aspx

The Rates Section of the Life and Health Division reviews long-term care insurance rate revisions . Please contact the assigned rates examiner or this section directly at (804) 371-9348 if you have questions or need additional information about this line of insurance.

The Flesch reading ease score of the filed policy form is _________.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

I hereby certify that I have reviewed the attached revision to the long-term care insurance rate filing and determined that it is in compliance with the Revision to Long-Term Care Insurance (LTCI) Rates checklist.

Signed: ____________________

Name (please print): Phillip Oh Title: Consulting Actuary

Company Name: John Alden Life Insurance Company

Date: 12/9/2021 Phone No: ( ) 800-366-5463 ext. 2264

E-Mail Address: Phillip.Oh@LifeCareAssurance.com

John Alden Life Insurance Company

Home Office: P.O. Box 3050 Milwaukee, WI 53201-3050
Company NAIC No. 65080
Administrative Office: Post Office Box 4243
Woodland Hills, California 91365-4243

Actuarial Memorandum

September 2022

Guaranteed Renewable Long Term Nursing Care Policy	**J-5762-P-VA**
Guaranteed Renewable Long Term Nursing Care Policy	**J-5875-P-VA**
Guaranteed Renewable Long Term Nursing Care Policy	**J-5875-P-VA (Q) & (NQ)**

The above referenced individual Long Term Care (LTC) policy forms provide benefits for confinement in a qualified Nursing Facility, Assisted Living Facility, or for Home and Community Based Care. Policy forms for the John Alden product 'Independent Life Plan' are referred to as 'J-5762' or 'J-5762-P' in this memorandum. Policy forms for the John Alden product 'Lifetime Independence Plan' are referred to as 'J-5875' or 'J-5875-P' in this memorandum. Form J-5762 was issued from 1993 to 1996, and Form J-5875 was issued from 1996 to 2000 in Virginia. These policy forms are no longer being marketed in any state.

1. Purpose of Filing

This is a rate increase filing for existing Long-Term Care policy forms. This actuarial memorandum has been prepared for the purpose of demonstrating that the requested rate increase meets the minimum requirements of the 2014 National Association of Insurance Commissioners (NAIC) Long-Term Care Insurance Model Regulation and the applicable regulatory requirements of this jurisdiction. It may not be suitable for other purposes.

2. Scope of Filing

This filing applies to the Company's LTC policy forms as specified above. These forms provide daily benefits for qualified long-term care services in various settings, as summarized in Exhibit A, when the insured meets policy benefit qualification requirements.

The forms included in this filing are individual LTC policies that are guaranteed renewable for life, subject to the Company's right to change premium rates.

These policy forms were issue age rated and fully underwritten. The issue ages were from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age range was 18 to 84 in some jurisdictions.

Strict underwriting criteria were administered with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

These policy forms were marketed by individual agents who primarily sell on an individual basis.

The proposed rate increase applies to all inforce policies as these forms are no longer being marketed. Paid-up policies will not receive a rate increase.

The number of policyholders and the annual inforce premium, as of December 2020, is displayed in Exhibit A1. The exhibit also shows the average annual premium before and after the proposed rate increase.

3. Reason for the Increase

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios result from a combination of lower lapse, lower death, longer claim continuance, and lower investment earnings on the assets.

John Alden Life has been evaluating this block and updating assumptions based on the actual experience as well as the industry experience. For the policy forms specified above, the projected experience is now worse than what original pricing assumptions were projecting. The combined effect of updating the lapse, mortality, and morbidity assumptions to better reflect the actual experience, as well as industry data, resulted in the need for a rate increase.

The current premium levels are inadequate. Therefore, the Company is requesting a rate increase to help alleviate the adverse performance on this block of business.

John Alden Life Insurance Company

Home Office: P.O. Box 3050 Milwaukee, WI 53201-3050
Company NAIC No. 65080
Administrative Office: Post Office Box 4243
Woodland Hills, California 91365-4243

Actuarial Memorandum

September 2022

4. Requested Rate Increase

The Company is requesting the approval of the following increases:

J-5762 & J-5875: Flat increase of 10% on the current base rates.

The increase does not vary by issue age or other policy characteristics. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage. Paid-up policies will not be affected by the rate increase.

Please see exhibits B1.1-B2.3 for rates:

B1.1	J-5762 current rates
B1.2	J-5762 proposed rates
B1.3	J-5762 proposed increase
B2.1	J-5875 current rates
B2.2	J-5875 proposed rates
B2.3	J-5875 proposed increase

Please note that the actual rates implemented may vary slightly from those in the rate pages due to implementation rounding algorithms.

5. History of Previous Rate Revisions

a. J-5762

A flat increase of 25% was approved on 10/2/2008.

A flat increase of 20% was approved on 10/24/2019.

b. J-5875

A flat increase of 25% was approved on 10/2/2008.

A flat increase of 20% was approved on 10/24/2019.

6. Actuarial Assumptions

a. Interest

The maximum valuation interest rate for contract reserves has been used for accumulating historical experience and for discounting projected future experience.

Average Maximum Valuation Interest Rate:	J-5762: 4.7%
	J-5875: 4.5%

b. Lapse

The current best estimate ultimate lapse rate is assumed to be 0.75%, formulated by analyzing the trend in lapse rates of later policy durations for the reinsurer's entire similarly underwritten and administered block of LTC policies. Exhibit C shows the reinsurer's actual to expected lapse experience by duration where the expected is based on current best estimate assumptions.

c. Mortality

The current best estimate mortality assumptions are also based on the reinsurer's combined experience. The attained age mortality is assumed to be 85% of the 1994 Group Annuity Mortality Table for ages 85 and younger and graded to 100% of the 1994 Group Annuity Mortality at age 90 and older, with duration selection factors, varied by joint vs. single, shown in Exhibit D1. Mortality selection factors for Single grade from 16.5% to 100% over 21 years while selection factors for Joint grade from 9.5% to 100% over 25 years.

Exhibit D2 includes a comparison of actual deaths and expected deaths based on best estimate assumptions for the combined reinsurer's block of LTC policies.

d. Morbidity

The current best estimate morbidity assumptions are based on the experience of the reinsurer's entire similarly underwritten and administered block of LTC policies as well. Studies are performed for incidence, continuance, utilization, and recovery from claim data. Incidence rates by gender, marital status, and attained age have been developed.

Claim continuance rates are derived from reinsurer data that has been credibility blended with the latest industry data. Recovery and return to active status are based on the policyholders' attained ages when their claims are incurred, grading down from 36.05% of all claims at age 40, to 6.38% at age 80, and then 0% at age 120. Utilization factors are then applied to the claim costs, which are as follows: 68% for COLA reimbursement policies and 86% for non-COLA reimbursement policies. No underwriting selection durational factors or morbidity improvements are assumed in the projection.

Policy design features have been taken into consideration. Benefit provisions, elimination periods, benefit periods, number of units, benefit growth, etc. have been accounted for either in the development of claim costs or projection model formulas.

Exhibit E1 shows the best estimate incidence rates by gender and marital status. Exhibit E2 demonstrates the best estimate lengths of stay for lifetime benefit period, 90-day elimination period policies with and without 5% Compound COLA.

Exhibits E3 and E4 contain the analysis of actual to expected incidence and termination respectively, with expected based on best estimate assumptions, for the combined reinsurer LTC blocks.

e. Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

f. Rate Increase Impact on Policyholder Behavior

At the time of a rate increase, policyholders have the option to elect a Contingent Benefit Upon Lapse (CBUL) or reduced benefit options (RBO). An increase in morbidity for adverse selection due to the rate increase is also assumed based on the percentage of policyholders that elect CBUL and RBO.

Policyholders who elect a CBUL are modeled as a shock lapse. The shock lapse assumption represents policyholders who are assumed to drop their policies instead of accepting a rate increase. The RBO assumption represents policyholders who are assumed to choose to reduce benefits in order to offset all or some of the rate increase. The adverse selection associated with the requested increase is a function of CBUL and RBO election. The reasoning for a permanent shift in morbidity due to adverse selection is that the insureds remaining after the increase are those who choose to accept the rate increase (i.e., the insureds who think they will use the policy) and are a less healthy population (will use more benefits) than the pre-filing cohort. For those who lapse the policy, the assumption is that the insureds are healthier and less likely to need the policy as they do not value the policy enough to pay a higher premium.

The following provides approximate averages for these assumptions: 3% shock lapse, 11% RBO election rate, and 2% morbidity increase due to adverse selection.

The projections in Exhibits F and G assume the increase is expected to occur in 2022.

The above assumptions are based on the experience of policies issued by the Company, reinsurer and industry experience, and actuarial judgment. The best estimate assumptions reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

7. Area Factors and Trend Assumptions

Area factors were not used in pricing for the above-listed policy forms. As this is not medical insurance, an explicit medical cost trend is not included in the projections.

8. Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2020 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2020 have been allocated to a calendar year of incurral and included in historical incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim reserves are calculated for active and pending claimants as the present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

9. Past and Future Policy Experience

Earned premiums and incurred claims for projection years 2021 through 2060 are developed from an active lives model representing actual contracts inforce as of December 31, 2020. The best estimate assumptions described above for morbidity, voluntary lapse, and mortality are used to project earned premiums and incurred claims.

Nationwide and statewide historical experience and projections before and after the proposed rate increase are shown as follows:

John Alden Life Insurance Company

Home Office: P.O. Box 3050 Milwaukee, WI 53201-3050
Company NAIC No. 65080
Administrative Office: Post Office Box 4243
Woodland Hills, California 91365-4243

Actuarial Memorandum

September 2022

Policy Form	Nationwide	Virginia
J-5762	Exhibit F1	Exhibit G1
J-5875	Exhibit F2	Exhibit G2
Combined	Exhibit F	Exhibit G

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2020} Pmt_t^j \times v^{t-j} + {}_jCR_{2020} \times v^{2020-j+0.5} + {}_jIBNR_{2020} \times v^{2020-j+0.5}}{EP_j}$$

$\boldsymbol{LR_j}$ = loss ratio for year j

$\boldsymbol{Pmt_t^j}$ = claim payments in year t on claims incurred in year j, assumed to occur midyear

${}_j\boldsymbol{CR}_{2020}$ = claim reserve held on December 31, 2020 for claims incurred in year j

${}_j\boldsymbol{IBNR}_{2020}$ = incurred but not reported reserve as of December 31, 2020 attributable to claims incurred in year j

$\boldsymbol{EP_j}$ = earned premium in year j, assumed mid-year

$\boldsymbol{j}$ = year of incurral

- ***J-5762:*** $\boldsymbol{v}$ = 1 / 1.047 = 0.955110
- ***J-5875:*** $\boldsymbol{v}$ = 1 / 1.045 = 0.956938

Future anticipated loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums. The lifetime loss ratio as of December 31, 2020 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the maximum valuation interest rate.

10. Analysis Performed

The originally approved premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the originally approved rate schedule was developed. The original pricing assumptions for voluntary lapse, mortality, and claim costs were as follows:

a. Original Pricing Ultimate Lapse

J-5762: 5.0%

J-5875: 7.5%

b. Original Pricing Mortality

J-5762 & J-5875: 1975-80 Select and Ultimate

c. Original Pricing Morbidity

Original pricing claim costs for skilled, intermediate, and Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

Joint claim cost factors:

J-5762 & J-5875: 150% of the claim costs of the older insured

Underwriting selection factors:

J-5762: 20%, 40%, 60%, 80%, 100% durations 5 & later

J-5875: 10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

d. Original Pricing Interest

J-5762 & J-5875: 7%

As part of the inforce management of the business, the reinsurer and administrator of the business monitor the performance of the business by completing periodic actual-to-expected analysis for voluntary lapse, mortality, claim incidence, and claim termination. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio. An analysis of the projected lifetime loss ratio based on current best estimate assumptions compared to that assumed at the time of original pricing revealed that experience had deteriorated significantly.

The best estimate assumptions used in this filing (described in Section 6) are based on actual inforce experience of the Company, experience of the reinsurer's similarly underwritten and administered LTC products, industry experience, and actuarial judgment. Actual persistency and claim continuance have been higher than what were assumed in the original pricing.

11. Loss Ratio Requirement Compliance Demonstration

Nationwide Exhibits F, F1, and F2, and Statewide Exhibits G, G1, and G2, show actual and projected experience using current best estimate assumptions. Actual experience is provided from inception through 2020 and then projected on a seriatim basis for 40 years using the current assumptions described above in Section 6. Included in Exhibits F, F1, F2, G, G1, and G2 are calendar year earned premiums, incurred claims, annual loss ratios, and cumulative loss ratios. As shown in Exhibits F, F1, F2, G, G1, and G2, the anticipated lifetime loss ratios with the requested rate increase exceed the minimum loss ratio required by pre-rate stability regulation.

12. Proposed Effective Date

The rate increase will apply to policies on their policy anniversary date following at least a 75-day policyholder notification period after approval.

13. Nationwide Distribution of Business as of December 31, 2020

As of December 31, 2020, the number of policies in force that will be affected by this increase by policy form is shown in the following Exhibits:

Policy Form	Nationwide	Virginia
J-5762	Exhibit H1	Exhibit H3
J-5875	Exhibit H2	Exhibit H4

John Alden Life Insurance Company

Home Office: P.O. Box 3050 Milwaukee, WI 53201-3050
Company NAIC No. 65080
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Actuarial Memorandum

September 2022

14. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries; I meet the Academy's qualification standards for preparing health rate filings and am familiar with the requirements for filing long-term care insurance premium rate increases.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and No. 18.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies. I have reviewed the data for reasonableness.

To the best of my knowledge and judgment, I hereby certify that:

- this rate submission is in compliance with the applicable laws and regulations of the jurisdiction where it is filed;
- policy design, underwriting, and claims adjudication practices have been taken into consideration;
- the rates are not excessive or unfairly discriminatory and bear a reasonable relationship to the benefits based on the loss ratio standards of this jurisdiction;
- this filing will enhance premium adequacy, but not enough to prevent future rate actions. However, if the requested rate increase is approved in full, the company will not file for a future rate increase that would result in a combined nationwide lifetime loss ratio less than 115%; and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because the company is no longer marketing new business in any state.

Phillip Oh, FSA, MAAA
Consulting Actuary

Date: September 9, 2022

John Alden Life Insurance Company
Policy Forms: J-5762-P & J-5875-P

Exhibit A: Benefit Summary
(does not reflect state variations)

General Information	J-5762	J-5875
Available Coverage	Nursing Care or Home Health Care	Nursing Care or Home Health Care
Benefit Trigger	Medical Necessity, 2 of 5 ADL's, or Severe Cognitive Impairment	Medical Necessity, 2 of 5 ADL's, or Severe Cognitive Impairment
Benefit Pool	Yes	Yes
Underwriting classes	Preferred, Standard, Substandard1, Substandard2	Accept, Standard, Substandard
Employer/Association Group Discount	10% for all ages	15% for ages 40-64 10% for ages 65+
Available Issue Ages	40 – 84 (age nearest birthday) 18 – 84 (age nearest, endorsed groups)	40 – 84 (age nearest birthday) 18 – 84 (age nearest, endorsed groups)
Maximum Daily Benefit Amount	$10 to $200 ($10 increments)	$20 to $250 ($10 increments)
Benefit Period	3 yrs, Lifetime	2 yrs, 3 yrs, 4 yrs, Lifetime
Payment Options	Lifetime	Lifetime, 10-year pay
Elimination period	0, 30, 90, 180 days	0, 30, 90, 180 days
Bed Reservation Benefit	N/A	$10 per day, up to 14 days per calendar year, when insured incurs charges to reserve a bed in a Long Term Care Facility during hospitalization.
Alternative Plan of Care	N/A	Alternate Plan of Care Benefit provides medical or non-medical benefits agreed upon by insured, Physician, and the Company which may enable the insured to end Long Term Care Facility confinement and recover at home or in an alternative facility.
Waiver of Premium Benefit	Waiver of Premium Benefit is provided after confinement in a Long Term Care Facility for a period of 90 consecutive days.	Waiver of Premium Benefit is provided after confinement in a Long Term Care Facility for a period of 90 consecutive days.
Personal Care Advisor	N/A	Personal Care Advisor, ccessible through toll-free telephone number, is assigned to insured upon claim to provide assistance with any questions.
Renewability	Guaranteed renewable for life	Guaranteed renewable for life

Riders/Endorsements	Description	J-5762	J-5875
5% Simple Inflation	This rider increases the original daily benefit amount by 5% annually. Increases are made regardless of claims status.	Available (Only in Georgia)	Available
5% Compound Inflation	This rider increases the daily benefit amount by 5%, compounded annually. Increases are made regardless of claims status.	Available	Available
Home Health Care Rider	$5.00 per day or $10.00 per day of Home Health Care Benefit payable after an elimination period of 0, 30, 90, or 180 days. An Alternative Plan of Care is also available if insured is otherwise qualified for benefits under the policy or rider. Under joint coverage this benefit is payable to either or both insureds, if qualified.	Available	Not Available
Full Survivor Benefit and Continuation of Coverage Rider	A Full Survivor Benefit equal to the total of all premiums paid is payable to the beneficiary upon the death of the insured (second to die in the case of joint coverage). A Continuation of Coverage Benefit is payable in the event the policy lapses for nonpayment of premiums. This benefit is equal to the total of premiums paid less claims paid.	Available	Not Available
Limited Survivor Benefit and Continuation of Coverage Rider	A Limited Survivor Benefit equal to the total of all premiums paid less claims paid is payable to the beneficiary upon the death of the insured (second to die in the case of joint coverage). A Continuation of Coverage Benefit is payable in the event the policy lapses for nonpayment of premiums. This benefit is equal to the total of premiums paid less claims paid.	Available	Not Available
Limited Nonforfeiture Benefits Rider	A Guaranteed Assistance Care Benefit of 1 or 2 units (25% or 50% of the Daily Long Term Nursing Care Benefit) is payable at age 65, 70, 75, 80 or 85. There is no elimination period. Premium rates will vary according to the daily benefit amount and age which are elected by the insured prior to issue. Under joint coverage, this benefit is payable at 150% of the daily rate, but only when no other benefits are being paid under the policy or this rider. A Continuation of Coverage Benefit is payable in the event the policy lapses for nonpayment of premiums. This Benefit is Equal to the total of premiums paid less claims paid. A limited Survivor Benefit equal to the total of all premiums paid less claims paid is payable to the beneficiary upon the death of the insured (second to die in the case of joint coverage).	Available	Not Available
Optional Cash Nonforfeiture Benefits Option Rider	Provides the same benefits as the Limited Nonforfeiture Benefits Rider for Guaranteed Assistance Care and Continuation of Coverage, plus the following: A Full Survivor Benefit equal to the total of all premiums paid is payable upon the death of the insured (second to die in the case of joint coverage). A Cash Nonforfeiture Benefit is available upon surrender of the rider. The Cash Nonforfeiture Benefit is equal to a percentage of the difference between the first year annual premium and the annual renewal premium.	Available	Not Available
Home and Community Based Care Reimbursement Benefit Rider	This rider pays 100% of actual expenses incurred up to the maximum daily benefit chosen for services provided by a licensed professional nurse or therapist. 80% of actual expenses incurred up to maximum daily benefit chosen is paid for adult day care, confinement in a qualified Assisted Living Facility, homemaker services, services provided by a qualified Home Care Agency and respite care (maximum of 21 days per calendar year). Premiums are waived after 90 consecutive days of confinement in an Assisted Living Facility. Benefits are payable after the elimination period. The insured may choose a maximum daily benefit between 50% and 100% of the daily benefit for Long Term Nursing Care and may also choose a benefit period less than or equal to the benefit period for Long Term Nursing Care.	Not Available	Available
Home and Community Based Care Indemnity Benefit Rider	This rider pays the full daily benefit amount chosen for the same care and services described under the Reimbursement Benefit Rider. Benefits are payable after the elimination period. The insured may choose a daily benefit between 50% and 100% of the daily benefit for Long Term Nursing Care and may also choose benefit period less than or equal to the benefit period for Long Term Nursing Care.	Not Available	Available
Assisted Living Facility Benefit Rider	After satisfaction of the elimination period, this rider pays 70% of the Long Term Nursing Care daily benefit for confinement in a qualified Assisted Living Facility. Premiums are waived after 90 consecutive days of confinement in such a facility. This rider is not available if either one of the Home and Community Based Care Benefit Riders is purchased.	Not Available	Available
Shortened Benefit Period Nonforfeiture Rider	This rider provides the nonforfeiture credit as proposed for adoption by the NAIC. If the policy has been in force for at least three years and lapses due to nonpayment of premiums, coverage will continue and benefits will be payable at the daily benefit amount in effect on the date of lapse. The minimum benefit payable under the rider will be at least 30 times the daily benefit amount in effect on the date of lapse. Any Cost of Living Rider attached to the policy will terminate with the lapse of the policy and the benefit payable under this rider will be the daily benefit in effect on the date of lapse.	Not Available	Available
Full Continuation of Coverage Benefit Rider	This rider provides a nonforfeiture benefit without a claims offset in the event of policy lapse. If the policy lapses due to nonpayment of premium, coverage will continue and benefits will be payable at the daily benefit amount in effect on the date of lapse. The number of days remaining for which benefits are payable after lapse is equal to the total of premiums paid divided by the daily benefit amount on the date of lapse. Any premiums paid which are not paid in benefits as continued coverage will be paid to the beneficiary upon the insured's death. If the policy lapses due to death of the insured and has not previously lapsed for nonpayment of premium, the total of premiums paid, with no deduction for benefits paid, will be paid to the beneficiary. Under joint coverage, benefits payable upon death will be paid upon the last to die.	Not Available	Available
Limited Continuation of Coverage Benefit Rider	This rider provides a nonforfeiture benefit with a claims offset in the event of policy lapse. The same benefit is provided for continued coverage after lapse due to nonpayment of premium as under the Full Continuation of Coverage Benefit Rider described above. If the policy lapses due to death of the insured and has not previously lapsed for nonpayment of premium, the total of premiums paid, reduced by the total of benefits received, will be paid to the beneficiary. Under joint coverage, benefits payable upon death will be paid upon the last to die.	Not Available	Available
10- Year Premium Payment Endorsement	Premiums payable over a 10 year period, after which no further premium is due.	Not Available	Available

John Alden Life Insurance Company
Rate Increase Impact Exhibit
Exhibit A1

Nationwide				
	Cost of Living Adjustment			
	None	Compound	Simple	Total
	J-5762-P			
Number of Policies	494	684	20	1,198
Current Premium	$729,341	$1,398,200	$27,314	2,154,855
Current Average Premium	$1,476	$2,044	$1,366	1,799
New Premium	$802,275	$1,538,020	$30,046	2,370,340
New Average Premium	$1,624	$2,249	$1,502	1,979
Average Rate Increase	10.00%	10.00%	10.00%	10.00%
	J-5875-P			
Number of Policies	781	1,199	1,121	3,101
Current Premium	$1,230,728	$2,681,621	$2,482,639	6,394,988
Current Average Premium	$1,576	$2,237	$2,215	2,062
New Premium	$1,353,801	$2,949,783	$2,730,903	7,034,487
New Average Premium	$1,733	$2,460	$2,436	2,268
Average Rate Increase	10.00%	10.00%	10.00%	10.00%
	Combined			
Number of Policies	1,275	1,883	1,141	4,299
Current Premium	$1,960,069	$4,079,821	$2,509,953	8,549,843
Current Average Premium	$1,537	$2,167	$2,200	1,989
New Premium	$2,156,076	$4,487,803	$2,760,949	9,404,827
New Average Premium	$1,691	$2,383	$2,420	2,188
Average Rate Increase	10.00%	10.00%	10.00%	10.00%

Virginia				
	Cost of Living Adjustment			
	None	Compound	Simple	Total
	J-5762-P			
Number of Policies	3	15	0	18
Current Premium	$4,362	$23,298	$0	27,661
Current Average Premium	$1,454	$1,553	$0	1,537
New Premium	$4,799	$25,628	$0	30,427
New Average Premium	$1,600	$1,709	$0	1,690
Average Rate Increase	10.00%	10.00%	0.00%	10.00%
	J-5875-P			
Number of Policies	10	27	14	51
Current Premium	$14,273	$49,179	$22,399	85,850
Current Average Premium	$1,427	$1,821	$1,600	1,683
New Premium	$15,700	$54,096	$24,639	94,436
New Average Premium	$1,570	$2,004	$1,760	1,852
Average Rate Increase	10.00%	10.00%	10.00%	10.00%
	Combined			
Number of Policies	13	42	14	69
Current Premium	$18,635	$72,477	$22,399	113,511
Current Average Premium	$1,433	$1,726	$1,600	1,645
New Premium	$20,499	$79,725	$24,639	124,862
New Average Premium	$1,577	$1,898	$1,760	1,810
Average Rate Increase	10.00%	10.00%	10.00%	10.00%

John Alden Life Insurance Company
Policy Form: J-5762-P
Exhibit B1.1
Rates and Factors Before Proposed Increase
Individual / Standard Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	LTNC Level Premium Per $10 Daily Benefit	Benefit Increase Factors Compound	Other Riders Limited SB/COC	Other Riders Full SB/COC
40	**36.00**	**3.00**	**1.20**	**1.260**
41	37.80	3.00	1.21	1.273
42	39.60	3.00	1.22	1.286
43	41.40	3.00	1.23	1.299
44	43.20	3.00	1.24	1.312
45	**45.00**	**3.00**	**1.25**	**1.325**
46	46.80	3.00	1.26	1.338
47	48.60	3.00	1.27	1.351
48	50.40	3.00	1.28	1.364
49	52.20	3.00	1.29	1.377
50	**54.00**	**3.00**	**1.30**	**1.390**
51	56.70	2.92	1.31	1.403
52	59.40	2.84	1.32	1.416
53	62.10	2.76	1.33	1.429
54	64.80	2.68	1.34	1.442
55	**67.50**	**2.60**	**1.35**	**1.455**
56	72.90	2.55	1.36	1.468
57	78.30	2.50	1.37	1.481
58	83.70	2.45	1.38	1.494
59	89.10	2.40	1.39	1.507
60	**94.50**	**2.35**	**1.40**	**1.520**
61	105.30	2.28	1.41	1.533
62	116.10	2.21	1.42	1.546
63	126.90	2.14	1.43	1.559
64	137.70	2.07	1.44	1.572
65	**148.50**	**2.00**	**1.45**	**1.585**
66	172.80	1.94	1.46	1.598
67	197.10	1.88	1.47	1.611
68	221.40	1.82	1.48	1.624
69	245.70	1.76	1.49	1.637
70	**270.00**	**1.70**	**1.50**	**1.650**
71	319.50	1.66	1.51	1.663
72	369.00	1.62	1.52	1.676
73	418.50	1.58	1.53	1.689
74	468.00	1.54	1.54	1.702
75	**517.50**	**1.52**	**1.55**	**1.715**
76	585.00	1.49	1.56	1.728
77	652.50	1.46	1.57	1.741
78	720.00	1.43	1.58	1.754
79	787.50	1.40	1.59	1.767
80	**855.00**	**1.36**	**1.60**	**1.780**
81	918.00	1.33	1.61	1.793
82	981.00	1.30	1.62	1.806
83	1,044.00	1.27	1.63	1.819
84	1,107.00	1.24	1.64	1.832

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred	0.70	0-Day	1.50	Annual	1.00
Standard	1.00	30-Day	1.30	Semi-Annual	0.52
Substandard1	1.25	90-Day	1.00	Quarterly	0.27
Substandard2	1.50	180-Day	0.80	Monthly	0.10
Non-level Premium Factor		**HHC Benefit Rider Elimination & Premium Factor**		**Other Factors**	
First Year	2.000	0 Visits (50%)	0.75	Joint Factor	1.50
Renewal Years	0.667	0 Visits (100%)	1.50	3-Yr Benefit Period	0.70
		30 Visits (50%)	0.65	Group Discount	0.10
		30 Visits (100%)	1.30	First Day of Coverage	1.25

John Alden Life Insurance Company
Policy Form: J-5762-P
Exhibit B1.2
Rates and Factors After Proposed Increase (10%)
Individual / Standard Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	LTNC Level Premium Per $10 Daily Benefit	Benefit Increase Factors Compound	Other Riders Limited SB/COC	Other Riders Full SB/COC
40	**39.60**	**3.00**	**1.20**	**1.260**
41	41.58	3.00	1.21	1.273
42	43.56	3.00	1.22	1.286
43	45.54	3.00	1.23	1.299
44	47.52	3.00	1.24	1.312
45	**49.50**	**3.00**	**1.25**	**1.325**
46	51.48	3.00	1.26	1.338
47	53.46	3.00	1.27	1.351
48	55.44	3.00	1.28	1.364
49	57.42	3.00	1.29	1.377
50	**59.40**	**3.00**	**1.30**	**1.390**
51	62.37	2.92	1.31	1.403
52	65.34	2.84	1.32	1.416
53	68.31	2.76	1.33	1.429
54	71.28	2.68	1.34	1.442
55	**74.25**	**2.60**	**1.35**	**1.455**
56	80.19	2.55	1.36	1.468
57	86.13	2.50	1.37	1.481
58	92.07	2.45	1.38	1.494
59	98.01	2.40	1.39	1.507
60	**103.95**	**2.35**	**1.40**	**1.520**
61	115.83	2.28	1.41	1.533
62	127.71	2.21	1.42	1.546
63	139.59	2.14	1.43	1.559
64	151.47	2.07	1.44	1.572
65	**163.35**	**2.00**	**1.45**	**1.585**
66	190.08	1.94	1.46	1.598
67	216.81	1.88	1.47	1.611
68	243.54	1.82	1.48	1.624
69	270.27	1.76	1.49	1.637
70	**297.00**	**1.70**	**1.50**	**1.650**
71	351.45	1.66	1.51	1.663
72	405.90	1.62	1.52	1.676
73	460.35	1.58	1.53	1.689
74	514.80	1.54	1.54	1.702
75	**569.25**	**1.52**	**1.55**	**1.715**
76	643.50	1.49	1.56	1.728
77	717.75	1.46	1.57	1.741
78	792.00	1.43	1.58	1.754
79	866.25	1.40	1.59	1.767
80	**940.50**	**1.36**	**1.60**	**1.780**
81	1,009.80	1.33	1.61	1.793
82	1,079.10	1.30	1.62	1.806
83	1,148.40	1.27	1.63	1.819
84	1,217.70	1.24	1.64	1.832

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred	0.70	0-Day	1.50	Annual	1.00
Standard	1.00	30-Day	1.30	Semi-Annual	0.52
Substandard1	1.25	90-Day	1.00	Quarterly	0.27
Substandard2	1.50	180-Day	0.80	Monthly	0.10
Non-level Premium Factor		**HHC Benefit Rider Elimination & Premium Factor**		**Other Factors**	
First Year	2.000	0 Visits (50%)	0.75	Joint Factor	1.50
Renewal Years	0.667	0 Visits (100%)	1.50	3-Yr Benefit Period	0.70
		30 Visits (50%)	0.65	Group Discount	0.10
		30 Visits (100%)	1.30	First Day of Coverage	1.25

John Alden Life Insurance Company
Policy Form: J-5762-P
Exhibit B1.3
Proposed Increase Percentages

Issue Age	LTNC Level Premium Per $10 Daily Benefit
40	**10%**
41	10%
42	10%
43	10%
44	10%
45	**10%**
46	10%
47	10%
48	10%
49	10%
50	**10%**
51	10%
52	10%
53	10%
54	10%
55	**10%**
56	10%
57	10%
58	10%
59	10%
60	**10%**
61	10%
62	10%
63	10%
64	10%
65	**10%**
66	10%
67	10%
68	10%
69	10%
70	**10%**
71	10%
72	10%
73	10%
74	10%
75	**10%**
76	10%
77	10%
78	10%
79	10%
80	**10%**
81	10%
82	10%
83	10%
84	10%

John Alden Life Insurance Company
Policy Form: J-5875-P
Exhibit B2.1
Rates and Factors Before Proposed Increase
Individual / Standard Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	LTNC Level Premium Per $10 Daily Benefit	HCBC Reimbursement Premium	HCBC Indemnity Premium	Benefit Increase Factors: Compound	Benefit Increase Factors: Simple	Other Riders: 10-Pay Factor	Other Riders: Limited COC Factor	Other Riders: Full COC Factor	Other Riders: SBP Factor
40	**31.50**	**25.20**	**31.50**	**3.00**	**2.21**	**1.90**	**1.244**	**1.330**	**1.122**
41	33.08	26.46	33.08	3.00	2.21	1.89	1.252	1.340	1.126
42	34.65	27.72	34.65	3.00	2.21	1.88	1.259	1.350	1.130
43	36.23	28.98	36.23	3.00	2.21	1.87	1.267	1.360	1.134
44	37.80	30.24	37.80	3.00	2.21	1.86	1.274	1.370	1.137
45	**39.38**	**31.50**	**39.38**	**3.00**	**2.21**	**1.85**	**1.281**	**1.380**	**1.141**
46	40.95	32.76	40.95	3.00	2.21	1.84	1.289	1.390	1.145
47	42.53	34.02	42.53	3.00	2.21	1.83	1.296	1.400	1.148
48	44.10	35.28	44.10	3.00	2.21	1.82	1.304	1.410	1.152
49	45.68	36.54	45.68	3.00	2.21	1.81	1.311	1.420	1.156
50	**47.25**	**37.80**	**47.25**	**3.00**	**2.20**	**1.80**	**1.319**	**1.430**	**1.160**
51	49.62	39.70	49.62	2.92	2.14	1.79	1.326	1.440	1.163
52	51.98	41.58	51.98	2.84	2.08	1.78	1.333	1.450	1.167
53	54.35	43.48	54.35	2.76	2.02	1.77	1.344	1.465	1.172
54	56.70	45.36	56.70	2.68	1.96	1.76	1.356	1.480	1.178
55	**59.07**	**47.26**	**59.07**	**2.60**	**1.90**	**1.75**	**1.367**	**1.495**	**1.184**
56	63.80	51.04	63.80	2.55	1.86	1.73	1.378	1.510	1.189
57	68.52	54.82	68.52	2.50	1.82	1.71	1.389	1.525	1.195
58	73.25	58.60	73.25	2.45	1.78	1.69	1.400	1.540	1.200
59	77.97	62.38	77.97	2.40	1.74	1.67	1.411	1.555	1.206
60	**82.70**	**66.16**	**82.70**	**2.35**	**1.70**	**1.65**	**1.422**	**1.570**	**1.211**
61	93.99	75.19	93.99	2.28	1.67	1.63	1.433	1.585	1.217
62	105.30	84.24	105.30	2.21	1.64	1.61	1.444	1.600	1.222
63	116.61	93.29	116.61	2.14	1.61	1.59	1.467	1.630	1.234
64	127.92	102.34	127.92	2.07	1.58	1.57	1.489	1.660	1.245
65	**139.22**	**111.37**	**139.22**	**2.00**	**1.55**	**1.55**	**1.511**	**1.690**	**1.256**
66	158.63	126.90	158.63	1.94	1.52	1.53	1.533	1.720	1.267
67	178.04	142.43	178.04	1.88	1.49	1.51	1.556	1.750	1.278
68	197.43	157.94	197.43	1.82	1.46	1.49	1.578	1.780	1.289
69	216.84	173.47	216.84	1.76	1.43	1.47	1.600	1.810	1.300
70	**236.25**	**189.00**	**236.25**	**1.70**	**1.40**	**1.45**	**1.622**	**1.840**	**1.311**
71	273.09	218.47	273.09	1.66	1.39	1.43	1.644	1.870	1.322
72	309.93	247.94	309.93	1.62	1.37	1.41	1.667	1.900	1.334
73	346.79	277.43	346.79	1.58	1.35	1.39	1.681	1.920	1.341
74	383.63	306.90	383.63	1.54	1.33	1.37	1.696	1.940	1.348
75	**420.47**	**336.37**	**420.47**	**1.50**	**1.31**	**1.35**	**1.711**	**1.960**	**1.356**
76	486.00	388.80	486.00	1.49	1.29	1.33	1.726	1.980	1.363
77	551.54	441.23	551.54	1.48	1.27	1.31	1.741	2.000	1.371
78	617.06	493.64	617.06	1.47	1.25	1.29	1.748	2.010	1.374
79	682.59	546.07	682.59	1.46	1.23	1.27	1.756	2.020	1.378
80	**748.13**	**598.50**	**748.13**	**1.45**	**1.21**	**1.25**	**1.763**	**2.030**	**1.382**
81	813.66	650.93	813.66	1.44	1.20	1.23	1.770	2.040	1.385
82	879.18	703.34	879.18	1.43	1.19	1.21	1.778	2.050	1.389
83	944.72	755.77	944.72	1.42	1.18	1.19	1.785	2.060	1.393
84	1,010.25	808.20	1,010.25	1.41	1.17	1.17	1.793	2.070	1.397

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode		Benefit Period		Other Factors	
Accept	0.80	0-Day	1.30	Annual	1.00	2-Year	0.60	Joint Factor	1.50
Standard	1.00	30-Day	1.15	Semi-Annual	0.52	3-Year	0.70	ALF Benefit Rider	1.14
Substandard	1.20	90-Day	1.00	Quarterly	0.27	4-Year	0.80		
		180-Day	0.90	Monthly	0.085				

Non-level Premium Factor		Endorsed Group Discount	
First Year	2.00	Ages 40-64	0.15
Renewal Years	0.75	Ages 65+	0.10

John Alden Life Insurance Company
Policy Form: J-5875-P
Exhibit B2.2
Rates and Factors After Proposed Increase (10%)
Individual / Standard Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	LTNC Level Premium Per $10 Daily Benefit	HCBC Reimbursement Premium	HCBC Indemnity Premium	Benefit Increase Factors: Compound	Benefit Increase Factors: Simple	Other Riders: 10-Pay Factor	Other Riders: Limited COC Factor	Other Riders: Full COC Factor	Other Riders: SBP Factor
40	**34.65**	**27.72**	**34.65**	**3.00**	**2.21**	**1.90**	**1.244**	**1.330**	**1.122**
41	36.38	29.10	36.38	3.00	2.21	1.89	1.252	1.340	1.126
42	38.11	30.49	38.11	3.00	2.21	1.88	1.259	1.350	1.130
43	39.84	31.87	39.84	3.00	2.21	1.87	1.267	1.360	1.134
44	41.58	33.26	41.58	3.00	2.21	1.86	1.274	1.370	1.137
45	**43.31**	**34.65**	**43.31**	**3.00**	**2.21**	**1.85**	**1.281**	**1.380**	**1.141**
46	45.04	36.03	45.04	3.00	2.21	1.84	1.289	1.390	1.145
47	46.77	37.42	46.77	3.00	2.21	1.83	1.296	1.400	1.148
48	48.51	38.80	48.51	3.00	2.21	1.82	1.304	1.410	1.152
49	50.24	40.19	50.24	3.00	2.21	1.81	1.311	1.420	1.156
50	**51.97**	**41.58**	**51.97**	**3.00**	**2.20**	**1.80**	**1.319**	**1.430**	**1.160**
51	54.58	43.66	54.58	2.92	2.14	1.79	1.326	1.440	1.163
52	57.17	45.73	57.17	2.84	2.08	1.78	1.333	1.450	1.167
53	59.77	47.82	59.77	2.76	2.02	1.77	1.344	1.465	1.172
54	62.37	49.89	62.37	2.68	1.96	1.76	1.356	1.480	1.178
55	**64.97**	**51.98**	**64.97**	**2.60**	**1.90**	**1.75**	**1.367**	**1.495**	**1.184**
56	70.17	56.13	70.17	2.55	1.86	1.73	1.378	1.510	1.189
57	75.37	60.29	75.37	2.50	1.82	1.71	1.389	1.525	1.195
58	80.56	64.45	80.56	2.45	1.78	1.69	1.400	1.540	1.200
59	85.76	68.61	85.76	2.40	1.74	1.67	1.411	1.555	1.206
60	**90.96**	**72.77**	**90.96**	**2.35**	**1.70**	**1.65**	**1.422**	**1.570**	**1.211**
61	103.38	82.71	103.38	2.28	1.67	1.63	1.433	1.585	1.217
62	115.83	92.66	115.83	2.21	1.64	1.61	1.444	1.600	1.222
63	128.27	102.61	128.27	2.14	1.61	1.59	1.467	1.630	1.234
64	140.71	112.56	140.71	2.07	1.58	1.57	1.489	1.660	1.245
65	**153.13**	**122.50**	**153.13**	**2.00**	**1.55**	**1.55**	**1.511**	**1.690**	**1.256**
66	174.48	139.59	174.48	1.94	1.52	1.53	1.533	1.720	1.267
67	195.83	156.67	195.83	1.88	1.49	1.51	1.556	1.750	1.278
68	217.17	173.73	217.17	1.82	1.46	1.49	1.578	1.780	1.289
69	238.52	190.81	238.52	1.76	1.43	1.47	1.600	1.810	1.300
70	**259.87**	**207.90**	**259.87**	**1.70**	**1.40**	**1.45**	**1.622**	**1.840**	**1.311**
71	300.39	240.31	300.39	1.66	1.39	1.43	1.644	1.870	1.322
72	340.92	272.73	340.92	1.62	1.37	1.41	1.667	1.900	1.334
73	381.46	305.17	381.46	1.58	1.35	1.39	1.681	1.920	1.341
74	421.98	337.59	421.98	1.54	1.33	1.37	1.696	1.940	1.348
75	**462.51**	**370.00**	**462.51**	**1.50**	**1.31**	**1.35**	**1.711**	**1.960**	**1.356**
76	534.60	427.68	534.60	1.49	1.29	1.33	1.726	1.980	1.363
77	606.68	485.35	606.68	1.48	1.27	1.31	1.741	2.000	1.371
78	678.76	543.00	678.76	1.47	1.25	1.29	1.748	2.010	1.374
79	750.84	600.67	750.84	1.46	1.23	1.27	1.756	2.020	1.378
80	**822.93**	**658.35**	**822.93**	**1.45**	**1.21**	**1.25**	**1.763**	**2.030**	**1.382**
81	895.02	716.02	895.02	1.44	1.20	1.23	1.770	2.040	1.385
82	967.09	773.67	967.09	1.43	1.19	1.21	1.778	2.050	1.389
83	1,039.18	831.34	1,039.18	1.42	1.18	1.19	1.785	2.060	1.393
84	1,111.27	889.02	1,111.27	1.41	1.17	1.17	1.793	2.070	1.397

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode		Benefit Period		Other Factors	
Accept	0.80	0-Day	1.30	Annual	1.00	2-Year	0.60	Joint Factor	1.50
Standard	1.00	30-Day	1.15	Semi-Annual	0.52	3-Year	0.70	ALF Benefit Rider	1.14
Substandard	1.20	90-Day	1.00	Quarterly	0.27	4-Year	0.80		
		180-Day	0.90	Monthly	0.085				

Non-level Premium Factor		Endorsed Group Discount	
First Year	2.00	Ages 40-64	0.15
Renewal Years	0.75	Ages 65+	0.10

John Alden Life Insurance Company
Policy Form: J-5875-P
Exhibit B2.3
Proposed Increase Percentages

Issue Age	LTNC Level Premium Per $10 Daily Benefit	HCBC Reimbursement Premium	HCBC Indemnity Premium
40	**10%**	**10%**	**10%**
41	10%	10%	10%
42	10%	10%	10%
43	10%	10%	10%
44	10%	10%	10%
45	**10%**	**10%**	**10%**
46	10%	10%	10%
47	10%	10%	10%
48	10%	10%	10%
49	10%	10%	10%
50	**10%**	**10%**	**10%**
51	10%	10%	10%
52	10%	10%	10%
53	10%	10%	10%
54	10%	10%	10%
55	**10%**	**10%**	**10%**
56	10%	10%	10%
57	10%	10%	10%
58	10%	10%	10%
59	10%	10%	10%
60	**10%**	**10%**	**10%**
61	10%	10%	10%
62	10%	10%	10%
63	10%	10%	10%
64	10%	10%	10%
65	**10%**	**10%**	**10%**
66	10%	10%	10%
67	10%	10%	10%
68	10%	10%	10%
69	10%	10%	10%
70	**10%**	**10%**	**10%**
71	10%	10%	10%
72	10%	10%	10%
73	10%	10%	10%
74	10%	10%	10%
75	**10%**	**10%**	**10%**
76	10%	10%	10%
77	10%	10%	10%
78	10%	10%	10%
79	10%	10%	10%
80	**10%**	**10%**	**10%**
81	10%	10%	10%
82	10%	10%	10%
83	10%	10%	10%
84	10%	10%	10%

John Alden Life Insurance Company
Combined Reinsurer Experience
Exhibit C
Lapse Actual to Expected (Best Estimate) Analysis

Duration	Exposure*	Lapses	Actual Lapse Rates	Best Estimate Lapse Rates	A/E
20	34,751	253	0.73%	0.75%	0.97
21	27,299	201	0.74%	0.75%	0.98
22	18,674	118	0.63%	0.75%	0.84
23	11,840	85	0.72%	0.75%	0.96
24	6,834	53	0.78%	0.75%	1.03
25	3,461	23	0.66%	0.75%	0.89
26	1,537	9	0.59%	0.75%	0.78
27	601	6	1.00%	0.75%	1.33
28	296	1	0.34%	0.75%	0.45
29	109	0	0.00%	0.75%	0.00
30	30	0	0.00%	0.75%	0.00
31	7	0	0.00%	0.75%	0.00
Average	105,440	749	0.71%	0.75%	0.95

*All J-5762-P and J-5875-P policies are duration 20+
* Lifetime pay policies only

John Alden Life Insurance Company
Policy Forms: J-5762-P & J-5875-P
Exhibit D1
Mortality Selection Factors

Policy Duration	Selection Factors	
	Single	Joint
1	0.165	0.095
2	0.335	0.135
3	0.390	0.225
4	0.425	0.240
5	0.470	0.280
6	0.485	0.320
7	0.520	0.330
8	0.530	0.370
9	0.600	0.380
10	0.610	0.390
11	0.630	0.410
12	0.670	0.435
13	0.680	0.455
14	0.760	0.490
15	0.800	0.500
16	0.850	0.520
17	0.875	0.590
18	0.925	0.610
19	0.930	0.650
20	0.940	0.680
21	1.000	0.820
22	1.000	0.830
23	1.000	0.930
24	1.000	0.960
25	1.000	1.000

John Alden Life Insurance Company
Combined Reinsurer Experience
Exhibit D2
Mortality A to E Analysis

Attained	Single Lives Death Counts			Joint Lives Death Counts**			Total Death Counts		
Age	Actual	Expected*	A/E	Actual	Expected*	A/E	Actual	Expected*	A/E
<40	1	1	78%	1	2	59%	2	3	68%
40-44	2	4	56%	14	7	201%	16	11	152%
45-49	27	14	192%	55	29	192%	82	43	192%
50-54	67	56	120%	160	114	141%	227	170	134%
55-59	190	196	97%	538	408	132%	728	604	120%
60-64	483	589	82%	1,244	1,219	102%	1,727	1,808	96%
65-69	940	1,288	73%	2,105	2,584	81%	3,045	3,871	79%
70-74	1,608	1,919	84%	3,328	3,733	89%	4,936	5,651	87%
75-79	2,137	2,445	87%	4,216	4,378	96%	6,353	6,823	93%
80-84	2,700	2,639	102%	4,313	4,114	105%	7,013	6,753	104%
85-89	2,302	2,204	104%	3,074	2,607	118%	5,376	4,811	112%
90+	1,798	1,560	115%	1,188	1,018	117%	2,986	2,578	116%
Total	12,255	12,914	95%	20,236	20,212	100%	32,491	33,126	98%

* Expected - 85% of 94 GAM and graded to 100% from ages 85 to 90 with selection
** Joint lives - joint policy at issue

John Alden Life Insurance Company
Policy Forms: J-5762-P & J-5875-P
Exhibit E1
Incidence Rates Per 100

Best Estimate						
	Nursing Facility Care Incidence Rates				Incidence Rate Factors	
Attained Age	Single Male	Single Female	Married Male	Married Female	Home and Community Based Care and Assisted Living Facility	Assisted Living Facility
40	**0.0026**	**0.0028**	**0.0007**	**0.0006**	**1.550**	**0.300**
41	0.0030	0.0032	0.0008	0.0007	1.550	0.300
42	0.0035	0.0038	0.0010	0.0009	1.550	0.300
43	0.0041	0.0044	0.0012	0.0011	1.550	0.300
44	0.0047	0.0052	0.0014	0.0013	1.550	0.300
45	0.0055	0.0061	0.0017	0.0015	1.550	0.300
46	0.0064	0.0071	0.0021	0.0018	1.550	0.300
47	0.0075	0.0083	0.0025	0.0022	1.550	0.300
48	0.0087	0.0097	0.0029	0.0027	1.550	0.300
49	0.0101	0.0113	0.0035	0.0032	1.550	0.300
50	**0.0118**	**0.0132**	**0.0042**	**0.0039**	**1.550**	**0.300**
51	0.0137	0.0154	0.0050	0.0046	1.550	0.300
52	0.0159	0.0180	0.0060	0.0056	1.550	0.300
53	0.0186	0.0210	0.0071	0.0067	1.550	0.300
54	0.0216	0.0245	0.0085	0.0081	1.550	0.300
55	0.0251	0.0287	0.0102	0.0097	1.550	0.300
56	0.0293	0.0335	0.0121	0.0117	1.550	0.300
57	0.0341	0.0391	0.0145	0.0141	1.550	0.300
58	0.0415	0.0478	0.0181	0.0178	1.436	0.290
59	0.0510	0.0589	0.0228	0.0225	1.311	0.290
60	**0.0621**	**0.0721**	**0.0285**	**0.0284**	**1.206**	**0.280**
61	0.0756	0.0880	0.0356	0.0357	1.111	0.270
62	0.0908	0.1061	0.0439	0.0444	1.045	0.270
63	0.1098	0.1287	0.0545	0.0555	0.969	0.260
64	0.1345	0.1582	0.0684	0.0702	0.872	0.260
65	0.1633	0.1927	0.0852	0.0881	0.795	0.250
66	0.1974	0.2339	0.1057	0.1102	0.728	0.240
67	0.2377	0.2826	0.1305	0.1371	0.671	0.240
68	0.2866	0.3420	0.1615	0.1709	0.613	0.230
69	0.3461	0.4144	0.2000	0.2134	0.555	0.230
70	**0.4157**	**0.4995**	**0.2465**	**0.2650**	**0.507**	**0.220**
71	0.4961	0.5982	0.3018	0.3269	0.470	0.220
72	0.5847	0.7075	0.3649	0.3983	0.452	0.210
73	0.6936	0.8422	0.4440	0.4884	0.425	0.210
74	0.8236	1.0036	0.5409	0.5995	0.397	0.200
75	0.9784	1.1964	0.6591	0.7363	0.369	0.200
76	1.1628	1.4269	0.8036	0.9046	0.341	0.190
77	1.3720	1.6896	0.9727	1.1034	0.323	0.190
78	1.6192	2.0010	1.1777	1.3462	0.305	0.190
79	1.8966	2.3521	1.4152	1.6301	0.297	0.180
80	**2.2390**	**2.7864**	**1.7138**	**1.9893**	**0.279**	**0.180**
81	2.6436	3.3016	2.0759	2.4283	0.261	0.170
82	3.0972	3.8817	2.4950	2.9409	0.253	0.170
83	3.6725	4.5348	3.0336	3.5246	0.235	0.170
84	4.3102	5.3067	3.7087	4.2518	0.227	0.160
85	5.0083	6.1939	4.5125	5.1104	0.219	0.160
86	5.7272	7.1457	5.4030	6.0464	0.212	0.150
87	6.4312	8.1148	6.3381	7.0025	0.204	0.150
88	7.0601	9.0222	7.2474	7.8861	0.196	0.150
89	7.5431	8.8230	6.8922	7.6499	0.188	0.140
90	**8.2042**	**9.5318**	**7.5281**	**8.3379**	**0.180**	**0.140**
91	8.7992	10.1727	8.1153	8.9693	0.182	0.140
92	9.4722	10.9131	8.7871	9.6917	0.174	0.130
93	10.1544	11.6738	9.4817	10.4358	0.166	0.130
94	10.7441	12.3384	10.1044	11.0975	0.169	0.130
95	11.3403	13.0218	10.7481	11.7790	0.171	0.130
96	11.4183	13.1114	10.8221	11.8600	0.163	0.120
97	11.3890	13.0777	10.7942	11.8295	0.166	0.120
98	11.3695	13.0553	10.7757	11.8093	0.168	0.120
99	11.3403	13.0218	10.7481	11.7790	0.171	0.110
100	**11.3113**	**12.9885**	**10.7207**	**11.7489**	**0.174**	**0.110**
101	11.2921	12.9664	10.7024	11.7289	0.176	0.110
102	11.2634	12.9335	10.6752	11.6991	0.179	0.110
103	11.2443	12.9116	10.6571	11.6793	0.181	0.100
104	11.2158	12.8788	10.6301	11.6497	0.184	0.100
105	11.1875	12.8463	10.6033	11.6202	0.187	0.100
106	11.1686	12.8247	10.5854	11.6007	0.189	0.100
107	11.1405	12.7924	10.5588	11.5715	0.192	0.100
108	11.1126	12.7603	10.5323	11.5424	0.195	0.100
109	11.0940	12.7390	10.5147	11.5232	0.197	0.100
110	**11.0663**	**12.7071**	**10.4884**	**11.4944**	**0.200**	**0.100**

John Alden Life Insurance Company
Policy Forms: J-5762-P & J-5875-P
Exhibit E2
Length of Stay Per $1 of Daily Benefit

Best Estimate Length of Stay *				
Attained	Male		Female	
Age	No COLA	5% Compound COLA	No COLA	5% Compound COLA
40	**510.60**	**669.38**	**556.93**	**706.48**
41	510.60	669.38	556.93	706.48
42	510.60	669.38	556.93	706.48
43	510.60	669.38	556.93	706.48
44	510.60	669.38	556.93	706.48
45	510.60	669.38	556.93	706.48
46	510.60	669.38	556.93	706.48
47	510.60	669.38	556.93	706.48
48	510.60	669.38	556.93	706.48
49	510.60	669.38	556.93	706.48
50	**510.60**	**669.38**	**556.93**	**706.48**
51	510.60	669.38	556.93	706.48
52	510.60	669.38	556.93	706.48
53	506.31	661.90	536.81	675.39
54	502.20	654.75	518.29	647.25
55	498.25	647.94	501.17	621.63
56	494.47	641.44	485.24	598.17
57	490.83	635.24	470.37	576.56
58	487.34	629.32	456.41	556.57
59	483.99	623.67	443.26	537.98
60	**480.77**	**618.27**	**430.84**	**520.62**
61	477.68	613.13	419.06	504.35
62	474.70	608.22	407.86	489.04
63	475.43	593.05	436.64	524.28
64	480.60	587.46	468.08	563.44
65	489.10	588.47	502.66	607.56
66	500.26	594.32	541.09	658.19
67	513.68	603.89	584.39	717.71
68	505.55	588.63	606.96	738.67
69	499.22	576.50	631.40	762.39
70	**494.31**	**566.77**	**657.70**	**788.75**
71	490.55	558.96	685.89	817.66
72	487.72	552.68	715.98	849.10
73	488.58	550.11	722.19	849.87
74	490.55	549.68	730.00	854.29
75	493.29	550.58	738.90	860.99
76	496.60	552.42	748.64	869.21
77	500.37	554.95	759.04	878.57
78	502.58	556.05	763.54	881.06
79	505.09	557.55	768.49	884.19
80	**507.88**	**559.42**	**773.87**	**887.93**
81	510.93	561.64	779.68	892.27
82	514.24	564.18	785.92	897.23
83	503.58	550.16	774.77	878.83
84	494.10	537.86	765.75	864.14
85	485.55	526.89	758.19	851.88
86	477.75	516.98	751.74	841.38
87	470.58	507.94	746.17	832.22
88	455.63	490.14	711.00	788.00
89	442.03	474.05	679.70	749.24
90	**429.60**	**459.44**	**651.51**	**714.77**
91	418.17	446.08	625.89	683.77
92	407.63	433.83	602.47	655.67
93	407.63	433.83	602.47	655.67
94	407.63	433.83	602.47	655.67
95	407.63	433.83	602.47	655.67
96	407.63	433.83	602.47	655.67
97	407.63	433.83	602.47	655.67
98	407.63	433.83	602.47	655.67
99	407.63	433.83	602.47	655.67
100	**407.63**	**433.83**	**602.47**	**655.67**
101	407.63	433.83	602.47	655.67
102	407.63	433.83	602.47	655.67
103	407.63	433.83	602.47	655.67
104	407.63	433.83	602.47	655.67
105	407.63	433.83	602.47	655.67
106	407.63	433.83	602.47	655.67
107	407.63	433.83	602.47	655.67
108	407.63	433.83	602.47	655.67
109	407.63	433.83	602.47	655.67
110	407.63	433.83	602.47	655.67

* Based on SOA LTC Intercompany 2000-2011 Study and reinsurer's experiences. 4.5% interest. Lifetime Benefits, 90 Day Elimination Period

John Alden Life Insurance Company
Combined Reinsurer Experience
Exhibit E3
Incidence A to E Analysis

Attained Age	Single Male				Single Female			
	Exposure	Claim Count	Expected Claim Count	A/E	Exposure	Claim Count	Expected Claim Count	A/E
40-44	1,302	0	0	0%	1,624	0	0	0%
45-49	4,044	5	1	601%	6,238	8	1	555%
50-54	9,506	6	4	144%	18,059	24	9	266%
55-59	20,377	36	19	191%	44,051	66	47	140%
60-64	33,982	72	66	109%	80,901	204	185	110%
65-69	43,918	178	180	99%	110,101	546	538	102%
70-74	41,786	355	357	99%	108,868	1,118	1,131	99%
75-79	29,031	530	523	101%	80,590	1,815	1,798	101%
80-84	15,764	617	598	103%	47,645	2,280	2,261	101%
85-89	5,955	439	434	101%	20,500	1,867	1,869	100%
90+	1,500	163	163	100%	6,111	871	773	113%
Total	207,166	2,401	2,345	102%	524,690	8,799	8,613	102%

Attained Age	Married Male				Married Female			
	Exposure	Claim Count	Expected Claim Count	A/E	Exposure	Claim Count	Expected Claim Count	A/E
40-44	4,250	0	0	0%	7,609	7	0	3670%
45-49	14,544	5	1	495%	23,203	16	1	1104%
50-54	38,365	22	6	342%	56,521	46	9	520%
55-59	91,380	80	37	218%	120,731	124	47	264%
60-64	168,363	229	161	142%	197,198	287	190	151%
65-69	222,945	512	505	101%	226,512	546	536	102%
70-74	204,081	1,043	1,091	96%	184,105	1,024	1,068	96%
75-79	130,981	1,737	1,665	104%	109,951	1,585	1,581	100%
80-84	61,107	1,855	1,847	100%	49,229	1,793	1,729	104%
85-89	19,205	1,342	1,333	101%	14,498	1,105	1,104	100%
90+	1,670	223	175	127%	2,455	300	269	111%
Total	956,890	7,048	6,821	103%	992,013	6,833	6,535	105%

John Alden Life Insurance Company
Combined Reinsurer Experience
Exhibit E4
Claim Termination A to E Analysis

Duration	Claim Exposure	Actual	Expected	A/E
1st quarter	1,946	524	627	84%
2nd quarter	4,726	749	651	115%
3rd quarter	4,010	362	379	96%
4th quarter	3,570	278	283	98%
2	12,547	2,953	3,128	94%
3	8,650	2,090	2,327	90%
4	5,877	1,860	1,766	105%
5	3,552	934	1,074	87%
6	2,305	557	656	85%
7	1,542	361	451	80%
8	1,036	234	286	82%
9	707	158	188	84%
10	478	109	145	75%
11	321	74	88	84%
12	209	53	73	73%
13	123	22	46	48%
14	85	42	25	166%
15	59	26	20	133%
16	38	15	8	188%
17	26	10	5	190%
18	17	6	2	314%
19	11	2	1	150%
20	6	1	1	138%
21	3	1	0	241%
Average	51,843	11,422	12,230	93%

John Alden Life Insurance Company
Nationwide Experience Projection
Policy Forms: J-5762-P and J-5875-P Combined
Exhibit F

		Before Proposed Rate Increase			With Proposed Rate Increase*		
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims*	Loss Ratio
	1992	25,360	0	0.0%	25,360	0	0.0%
	1993	746,128	136,808	18.3%	746,128	136,808	18.3%
	1994	2,295,491	8,756	0.4%	2,295,491	8,756	0.4%
	1995	6,029,427	533,026	8.8%	6,029,427	533,026	8.8%
	1996	9,649,677	754,308	7.8%	9,649,677	754,308	7.8%
	1997	17,125,508	885,971	5.2%	17,125,508	885,971	5.2%
	1998	16,734,963	2,005,950	12.0%	16,734,963	2,005,950	12.0%
	1999	16,179,464	3,176,941	19.6%	16,179,464	3,176,941	19.6%
	2000	17,308,264	3,153,971	18.2%	17,308,264	3,153,971	18.2%
	2001	16,391,917	6,167,067	37.6%	16,391,917	6,167,067	37.6%
	2002	15,107,651	6,089,682	40.3%	15,107,651	6,089,682	40.3%
	2003	14,691,168	8,303,099	56.5%	14,691,168	8,303,099	56.5%
	2004	14,005,972	9,891,733	70.6%	14,005,972	9,891,733	70.6%
Historical Experience	2005	14,109,360	8,430,323	59.7%	14,109,360	8,430,323	59.7%
	2006	13,186,553	10,245,618	77.7%	13,186,553	10,245,618	77.7%
	2007	12,332,679	13,115,913	106.4%	12,332,679	13,115,913	106.4%
	2008	11,823,815	14,918,705	126.2%	11,823,815	14,918,705	126.2%
	2009	12,330,008	19,953,802	161.8%	12,330,008	19,953,802	161.8%
	2010	12,163,149	17,518,262	144.0%	12,163,149	17,518,262	144.0%
	2011	11,602,563	19,970,616	172.1%	11,602,563	19,970,616	172.1%
	2012	11,562,075	20,090,702	173.8%	11,562,075	20,090,702	173.8%
	2013	11,432,042	18,053,996	157.9%	11,432,042	18,053,996	157.9%
	2014	10,845,248	26,792,968	247.0%	10,845,248	26,792,968	247.0%
	2015	10,316,362	27,546,959	267.0%	10,316,362	27,546,959	267.0%
	2016	9,619,859	35,666,988	370.8%	9,619,859	35,666,988	370.8%
	2017	9,377,005	27,034,156	288.3%	9,377,005	27,034,156	288.3%
	2018	9,113,229	27,312,814	299.7%	9,113,229	27,312,814	299.7%
	2019	8,503,798	26,005,569	305.8%	8,503,798	26,005,569	305.8%
	2020	8,025,194	27,582,187	343.7%	8,025,194	27,582,187	343.7%
	2021	7,320,695	26,485,335	361.8%	7,320,695	26,485,335	361.8%
	2022	6,311,212	25,916,932	410.6%	6,611,184	25,385,790	384.0%
	2023	5,437,797	25,165,084	462.8%	5,696,255	24,649,350	432.7%
	2024	4,680,824	24,265,092	518.4%	4,903,303	23,767,803	484.7%
	2025	4,023,234	23,265,311	578.3%	4,214,458	22,788,512	540.7%
	2026	3,451,308	22,170,206	642.4%	3,615,348	21,715,850	600.7%
	2027	2,953,344	21,004,162	711.2%	3,093,716	20,573,703	665.0%
	2028	2,519,621	19,814,229	786.4%	2,639,378	19,408,156	735.3%
	2029	2,141,931	18,594,530	868.1%	2,243,737	18,213,454	811.7%
	2030	1,813,549	17,340,353	956.2%	1,899,747	16,984,980	894.1%
	2031	1,528,769	16,119,198	1054.4%	1,601,431	15,788,851	985.9%
	2032	1,282,466	14,898,812	1161.7%	1,343,422	14,593,476	1086.3%
	2033	1,070,204	13,680,782	1278.3%	1,121,071	13,400,408	1195.3%
	2034	888,163	12,477,962	1404.9%	930,377	12,222,239	1313.7%
	2035	732,858	11,274,050	1538.4%	767,690	11,042,999	1438.5%
	2036	601,134	10,119,390	1683.4%	629,706	9,912,004	1574.1%
	2037	490,019	9,022,614	1841.3%	513,310	8,837,705	1721.7%
	2038	396,852	7,974,489	2009.4%	415,714	7,811,060	1879.0%
	2039	319,266	6,999,488	2192.4%	334,441	6,856,040	2050.0%
Projected Future Experience	2040	255,079	6,085,946	2385.9%	267,203	5,961,220	2231.0%
	2041	202,389	5,260,824	2599.4%	212,009	5,153,009	2430.6%
	2042	159,442	4,518,217	2833.8%	167,021	4,425,620	2649.7%
	2043	124,705	3,841,533	3080.5%	130,633	3,762,805	2880.4%
	2044	96,839	3,240,359	3346.1%	101,442	3,173,951	3128.8%
	2045	74,682	2,708,827	3627.1%	78,232	2,653,312	3391.6%
	2046	57,213	2,251,563	3935.4%	59,932	2,205,419	3679.9%
	2047	43,534	1,858,642	4269.4%	45,603	1,820,551	3992.2%
	2048	32,911	1,514,440	4601.6%	34,475	1,483,403	4302.8%
	2049	24,733	1,224,631	4951.5%	25,908	1,199,533	4629.9%
	2050	18,483	987,144	5340.7%	19,362	966,913	4993.9%
	2051	13,738	796,199	5795.5%	14,391	779,882	5419.2%
	2052	10,161	639,962	6298.5%	10,643	626,847	5889.5%
	2053	7,483	513,483	6861.9%	7,839	502,960	6416.4%
	2054	5,492	413,636	7532.0%	5,753	405,159	7042.9%
	2055	4,016	332,876	8289.0%	4,207	326,054	7750.7%
	2056	2,925	267,749	9154.9%	3,064	262,261	8560.4%
	2057	2,122	214,254	10095.9%	2,223	209,863	9440.3%
	2058	1,535	166,307	10834.2%	1,608	162,899	10130.7%
	2059	1,108	127,944	11545.9%	1,161	125,322	10796.2%
	2060	796	99,750	12532.4%	834	97,706	11718.6%
	Past	322,633,928	381,346,890	118.2%	322,633,928	381,346,890	118.2%
	Future	49,102,631	363,652,304	740.6%	51,088,527	356,742,404	698.3%
	Lifetime	371,736,559	744,999,194	200.4%	373,722,454	738,089,294	197.5%
Interest	Factor						
	Past w/ int	639,199,803	563,265,571	88.1%	639,199,803	563,265,571	88.1%
	Future w/ int	39,115,382	252,842,008	646.4%	40,634,237	248,191,083	610.8%
	Lifetime w/ int	678,315,185	816,107,579	120.3%	679,834,040	811,456,653	119.4%

*** Proposed rate increase: 10.0%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% of adverse selection.**

John Alden Life Insurance Company
Virginia Experience Projection
Policy Forms: J-5762-P and J-5875-P Combined
Exhibit G

		Before Proposed Rate Increase			With Proposed Rate Increase*		
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims*	Loss Ratio
	1992	0	0	0.0%	0	0	0.0%
	1993	7,963	0	0.0%	7,963	0	0.0%
	1994	33,361	0	0.0%	33,361	0	0.0%
	1995	97,407	0	0.0%	97,407	0	0.0%
	1996	128,398	0	0.0%	128,398	0	0.0%
	1997	241,145	0	0.0%	241,145	0	0.0%
	1998	265,487	0	0.0%	265,487	0	0.0%
	1999	216,612	575,230	265.6%	216,612	575,230	265.6%
	2000	225,862	0	0.0%	225,862	0	0.0%
	2001	221,362	0	0.0%	221,362	0	0.0%
	2002	211,042	0	0.0%	211,042	0	0.0%
	2003	209,892	121,332	57.8%	209,892	121,332	57.8%
	2004	200,792	0	0.0%	200,792	0	0.0%
Historical Experience	2005	204,584	431,423	210.9%	204,584	431,423	210.9%
	2006	187,701	170,064	90.6%	187,701	170,064	90.6%
	2007	180,894	151,728	83.9%	180,894	151,728	83.9%
	2008	172,902	126,870	73.4%	172,902	126,870	73.4%
	2009	176,574	146,953	83.2%	176,574	146,953	83.2%
	2010	172,383	210,353	122.0%	172,383	210,353	122.0%
	2011	167,402	7,835	4.7%	167,402	7,835	4.7%
	2012	164,469	310,014	188.5%	164,469	310,014	188.5%
	2013	146,985	132,501	90.1%	146,985	132,501	90.1%
	2014	139,623	1,145,623	820.5%	139,623	1,145,623	820.5%
	2015	125,579	137,738	109.7%	125,579	137,738	109.7%
	2016	124,312	188,873	151.9%	124,312	188,873	151.9%
	2017	116,673	293,510	251.6%	116,673	293,510	251.6%
	2018	112,242	463,861	413.3%	112,242	463,861	413.3%
	2019	105,725	824,755	780.1%	105,725	824,755	780.1%
	2020	101,638	118,330	116.4%	101,638	118,330	116.4%
	2021	104,786	445,920	425.6%	104,786	445,920	425.6%
	2022	92,319	451,690	489.3%	96,707	438,708	453.6%
	2023	81,134	448,647	553.0%	84,990	428,972	504.7%
	2024	71,121	440,439	619.3%	74,502	415,576	557.8%
	2025	62,137	431,434	694.3%	65,091	407,079	625.4%
	2026	54,092	418,346	773.4%	56,663	394,730	696.6%
	2027	46,896	401,339	855.8%	49,125	378,683	770.9%
	2028	40,465	384,105	949.2%	42,388	362,421	855.0%
	2029	34,745	363,992	1047.6%	36,396	343,444	943.6%
	2030	29,674	340,339	1146.9%	31,085	321,126	1033.1%
	2031	25,177	319,198	1267.8%	26,373	301,179	1142.0%
	2032	21,215	294,222	1386.8%	22,224	277,613	1249.2%
	2033	17,752	264,021	1487.3%	18,596	249,116	1339.6%
	2034	14,749	234,821	1592.1%	15,450	221,565	1434.1%
	2035	12,159	205,639	1691.2%	12,737	194,030	1523.3%
	2036	9,946	179,995	1809.8%	10,418	169,834	1630.2%
	2037	8,069	156,633	1941.3%	8,452	147,791	1748.6%
	2038	6,486	135,552	2090.0%	6,794	127,900	1882.6%
	2039	5,161	116,837	2263.7%	5,407	110,241	2039.0%
Projected Future Experience	2040	4,062	97,555	2401.4%	4,256	92,048	2163.0%
	2041	3,167	78,369	2474.7%	3,317	73,945	2229.0%
	2042	2,443	63,177	2585.8%	2,559	59,610	2329.1%
	2043	1,864	50,118	2689.3%	1,952	47,289	2422.3%
	2044	1,404	39,349	2802.4%	1,471	37,128	2524.2%
	2045	1,044	30,775	2947.4%	1,094	29,038	2654.8%
	2046	766	23,783	3105.2%	802	22,440	2796.9%
	2047	553	18,129	3276.0%	580	17,105	2950.9%
	2048	394	13,346	3390.7%	412	12,592	3054.1%
	2049	275	9,643	3501.1%	289	9,099	3153.5%
	2050	190	6,798	3581.9%	199	6,414	3226.4%
	2051	129	4,710	3659.0%	135	4,445	3295.8%
	2052	86	3,199	3730.8%	90	3,019	3360.5%
	2053	56	2,139	3822.1%	59	2,018	3442.7%
	2054	36	1,400	3918.3%	37	1,321	3529.3%
	2055	22	885	3961.8%	23	835	3568.5%
	2056	14	547	4026.6%	14	516	3626.9%
	2057	8	328	4034.4%	9	309	3633.9%
	2058	5	193	4119.5%	5	182	3710.6%
	2059	3	110	4156.2%	3	104	3743.6%
	2060	1	60	4150.4%	2	57	3738.4%
	Past	4,459,008	5,556,991	124.6%	4,459,008	5,556,991	124.6%
	Future	754,605	6,477,781	858.4%	785,491	6,155,443	783.6%
	Lifetime	5,213,613	12,034,773	230.8%	5,244,499	11,712,435	223.3%
Interest	Factor						
	Past w/ int	8,924,990	8,544,140	95.7%	8,924,990	8,544,140	95.7%
	Future w/ int	597,063	4,579,587	767.0%	620,570	4,362,438	703.0%
	Lifetime w/ int	9,522,053	13,123,726	137.8%	9,545,560	12,906,578	135.2%

*** Proposed rate increase: 10.0%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% of adverse selection.**

John Alden Life Insurance Company
Nationwide Experience Projection
Policy Form: J-5762-P
Exhibit F1

		Before Proposed Rate Increase			With Proposed Rate Increase*			at:	4.70%
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2020	Factor 1.0470
	1992	25,360	0	0.0%	25,360	0	0.0%	28.5	3.7024
	1993	746,128	136,808	18.3%	746,128	136,808	18.3%	27.5	3.5362
	1994	2,295,491	8,756	0.4%	2,295,491	8,756	0.4%	26.5	3.3774
	1995	5,980,381	533,026	8.9%	5,980,381	533,026	8.9%	25.5	3.2258
	1996	6,889,991	478,535	6.9%	6,889,991	478,535	6.9%	24.5	3.0810
	1997	6,523,412	699,642	10.7%	6,523,412	699,642	10.7%	23.5	2.9427
	1998	5,602,496	932,397	16.6%	5,602,496	932,397	16.6%	22.5	2.8106
	1999	5,068,109	2,336,766	46.1%	5,068,109	2,336,766	46.1%	21.5	2.6844
	2000	4,977,691	1,985,692	39.9%	4,977,691	1,985,692	39.9%	20.5	2.5639
	2001	4,723,934	3,460,155	73.2%	4,723,934	3,460,155	73.2%	19.5	2.4488
	2002	4,534,346	1,916,955	42.3%	4,534,346	1,916,955	42.3%	18.5	2.3389
	2003	4,406,370	4,951,837	112.4%	4,406,370	4,951,837	112.4%	17.5	2.2339
	2004	4,058,684	5,994,139	147.7%	4,058,684	5,994,139	147.7%	16.5	2.1336
Historical	2005	3,996,911	3,216,316	80.5%	3,996,911	3,216,316	80.5%	15.5	2.0379
Experience	2006	3,786,738	4,443,427	117.3%	3,786,738	4,443,427	117.3%	14.5	1.9464
	2007	3,652,881	5,721,847	156.6%	3,652,881	5,721,847	156.6%	13.5	1.8590
	2008	3,480,416	5,810,532	166.9%	3,480,416	5,810,532	166.9%	12.5	1.7756
	2009	3,647,125	10,208,184	279.9%	3,647,125	10,208,184	279.9%	11.5	1.6958
	2010	3,602,828	8,504,798	236.1%	3,602,828	8,504,798	236.1%	10.5	1.6197
	2011	3,393,542	7,452,915	219.6%	3,393,542	7,452,915	219.6%	9.5	1.5470
	2012	3,328,989	8,651,847	259.9%	3,328,989	8,651,847	259.9%	8.5	1.4776
	2013	3,307,972	8,132,115	245.8%	3,307,972	8,132,115	245.8%	7.5	1.4112
	2014	3,064,829	10,099,682	329.5%	3,064,829	10,099,682	329.5%	6.5	1.3479
	2015	2,906,719	11,019,425	379.1%	2,906,719	11,019,425	379.1%	5.5	1.2874
	2016	2,657,350	17,429,996	655.9%	2,657,350	17,429,996	655.9%	4.5	1.2296
	2017	2,526,862	8,458,698	334.8%	2,526,862	8,458,698	334.8%	3.5	1.1744
	2018	2,420,534	8,751,769	361.6%	2,420,534	8,751,769	361.6%	2.5	1.1217
	2019	2,202,518	7,598,193	345.0%	2,202,518	7,598,193	345.0%	1.5	1.0713
	2020	2,007,540	8,315,027	414.2%	2,007,540	8,315,027	414.2%	0.5	1.0232
	2021	1,788,940	8,174,607	457.0%	1,788,940	8,174,607	457.0%	-0.5	0.9773
	2022	1,479,601	7,649,615	517.0%	1,549,927	7,492,844	483.4%	-1.5	0.9334
	2023	1,223,843	7,077,709	578.3%	1,282,012	6,932,659	540.8%	-2.5	0.8915
	2024	1,012,012	6,492,538	641.5%	1,060,113	6,359,480	599.9%	-3.5	0.8515
	2025	836,193	5,915,922	707.5%	875,937	5,794,681	661.5%	-4.5	0.8133
	2026	690,228	5,354,597	775.8%	723,034	5,244,860	725.4%	-5.5	0.7768
	2027	569,083	4,829,116	848.6%	596,132	4,730,148	793.5%	-6.5	0.7419
	2028	468,505	4,349,913	928.5%	490,774	4,260,766	868.2%	-7.5	0.7086
	2029	384,993	3,909,451	1015.5%	403,292	3,829,331	949.5%	-8.5	0.6768
	2030	315,727	3,504,479	1110.0%	330,733	3,432,658	1037.9%	-9.5	0.6464
	2031	258,349	3,136,513	1214.1%	270,628	3,072,234	1135.2%	-10.5	0.6174
	2032	210,856	2,801,522	1328.6%	220,878	2,744,107	1242.4%	-11.5	0.5897
	2033	171,594	2,503,105	1458.7%	179,750	2,451,807	1364.0%	-12.5	0.5632
	2034	139,216	2,231,956	1603.2%	145,833	2,186,214	1499.1%	-13.5	0.5379
	2035	112,566	1,980,506	1759.4%	117,917	1,939,918	1645.2%	-14.5	0.5138
	2036	90,684	1,753,120	1933.2%	94,995	1,717,191	1807.7%	-15.5	0.4907
	2037	72,761	1,540,358	2117.0%	76,220	1,508,790	1979.5%	-16.5	0.4687
	2038	58,126	1,346,933	2317.2%	60,889	1,319,329	2166.8%	-17.5	0.4476
Projected	2039	46,205	1,176,785	2546.9%	48,401	1,152,668	2381.5%	-18.5	0.4275
Future	2040	36,526	1,013,886	2775.8%	38,262	993,108	2595.5%	-19.5	0.4084
Experience	2041	28,715	865,017	3012.4%	30,080	847,290	2816.8%	-20.5	0.3900
	2042	22,438	729,362	3250.5%	23,505	714,414	3039.5%	-21.5	0.3725
	2043	17,435	609,893	3498.2%	18,263	597,393	3271.0%	-22.5	0.3558
	2044	13,464	508,406	3776.0%	14,104	497,987	3530.8%	-23.5	0.3398
	2045	10,339	420,988	4071.8%	10,831	412,360	3807.4%	-24.5	0.3246
	2046	7,897	347,412	4399.4%	8,272	340,292	4113.7%	-25.5	0.3100
	2047	6,000	285,224	4753.4%	6,286	279,378	4444.7%	-26.5	0.2961
	2048	4,543	230,402	5071.4%	4,759	225,680	4742.1%	-27.5	0.2828
	2049	3,432	185,729	5411.3%	3,595	181,923	5059.9%	-28.5	0.2701
	2050	2,591	150,269	5799.8%	2,714	147,190	5423.1%	-29.5	0.2580
	2051	1,958	121,708	6216.6%	2,051	119,213	5813.0%	-30.5	0.2464
	2052	1,484	98,503	6637.5%	1,555	96,484	6206.5%	-31.5	0.2353
	2053	1,130	81,144	7179.9%	1,184	79,481	6713.6%	-32.5	0.2248
	2054	866	67,949	7845.3%	907	66,557	7335.8%	-33.5	0.2147
	2055	668	57,669	8627.3%	700	56,487	8067.0%	-34.5	0.2050
	2056	518	49,467	9554.8%	542	48,453	8934.4%	-35.5	0.1958
	2057	402	42,201	10488.1%	421	41,336	9807.0%	-36.5	0.1870
	2058	314	34,413	10969.9%	329	33,708	10257.6%	-37.5	0.1786
	2059	246	26,997	10996.5%	257	26,444	10282.4%	-38.5	0.1706
	2060	192	22,025	11454.9%	201	21,574	10711.1%	-39.5	0.1630
	Past	105,816,147	157,249,480	148.6%	105,816,147	157,249,480	148.6%		
	Future	10,090,642	81,677,409	809.4%	10,485,222	80,171,043	764.6%		
	Lifetime	115,906,789	238,926,890	206.1%	116,301,369	237,420,523	204.1%		
Interest	Factor								
	Past w/ int	229,572,588	245,222,370	106.8%	229,572,588	245,222,370	106.8%		
	Future w/ int	8,212,290	59,444,749	723.9%	8,519,523	58,390,215	685.4%		
	Lifetime w/ int	237,784,878	304,667,119	128.1%	238,092,110	303,612,585	127.5%		

*** Proposed rate increase: 10.0%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% of adverse selection.**

John Alden Life Insurance Company
Nationwide Experience Projection
Policy Form: J-5875-P
Exhibit F2

		Before Proposed Rate Increase			With Proposed Rate Increase*			at:	4.50%
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2020	Factor 1.0450
	1992	0	0	0.0%	0	0	0.0%	28.5	3.5060
	1993	0	0	0.0%	0	0	0.0%	27.5	3.3550
	1994	0	0	0.0%	0	0	0.0%	26.5	3.2106
	1995	49,046	0	0.0%	49,046	0	0.0%	25.5	3.0723
	1996	2,759,686	275,773	10.0%	2,759,686	275,773	10.0%	24.5	2.9400
	1997	10,602,096	186,329	1.8%	10,602,096	186,329	1.8%	23.5	2.8134
	1998	11,132,467	1,073,553	9.6%	11,132,467	1,073,553	9.6%	22.5	2.6923
	1999	11,111,355	840,174	7.6%	11,111,355	840,174	7.6%	21.5	2.5763
	2000	12,330,573	1,168,280	9.5%	12,330,573	1,168,280	9.5%	20.5	2.4654
	2001	11,667,983	2,706,912	23.2%	11,667,983	2,706,912	23.2%	19.5	2.3592
	2002	10,573,305	4,172,727	39.5%	10,573,305	4,172,727	39.5%	18.5	2.2576
	2003	10,284,798	3,351,262	32.6%	10,284,798	3,351,262	32.6%	17.5	2.1604
	2004	9,947,288	3,897,594	39.2%	9,947,288	3,897,594	39.2%	16.5	2.0674
Historical Experience	2005	10,112,449	5,214,007	51.6%	10,112,449	5,214,007	51.6%	15.5	1.9783
	2006	9,399,816	5,802,190	61.7%	9,399,816	5,802,190	61.7%	14.5	1.8932
	2007	8,679,798	7,394,066	85.2%	8,679,798	7,394,066	85.2%	13.5	1.8116
	2008	8,343,399	9,108,173	109.2%	8,343,399	9,108,173	109.2%	12.5	1.7336
	2009	8,682,883	9,745,619	112.2%	8,682,883	9,745,619	112.2%	11.5	1.6590
	2010	8,560,321	9,013,463	105.3%	8,560,321	9,013,463	105.3%	10.5	1.5875
	2011	8,209,021	12,517,701	152.5%	8,209,021	12,517,701	152.5%	9.5	1.5192
	2012	8,233,085	11,438,854	138.9%	8,233,085	11,438,854	138.9%	8.5	1.4537
	2013	8,124,070	9,921,881	122.1%	8,124,070	9,921,881	122.1%	7.5	1.3911
	2014	7,780,419	16,693,286	214.6%	7,780,419	16,693,286	214.6%	6.5	1.3312
	2015	7,409,642	16,527,534	223.1%	7,409,642	16,527,534	223.1%	5.5	1.2739
	2016	6,962,509	18,236,992	261.9%	6,962,509	18,236,992	261.9%	4.5	1.2191
	2017	6,850,143	18,575,459	271.2%	6,850,143	18,575,459	271.2%	3.5	1.1666
	2018	6,692,694	18,561,044	277.3%	6,692,694	18,561,044	277.3%	2.5	1.1163
	2019	6,301,280	18,407,376	292.1%	6,301,280	18,407,376	292.1%	1.5	1.0683
	2020	6,017,654	19,267,160	320.2%	6,017,654	19,267,160	320.2%	0.5	1.0223
	2021	5,531,755	18,310,729	331.0%	5,531,755	18,310,729	331.0%	-0.5	0.9782
	2022	4,831,610	18,267,317	378.1%	5,061,257	17,892,946	353.5%	-1.5	0.9361
	2023	4,213,954	18,087,374	429.2%	4,414,243	17,716,692	401.4%	-2.5	0.8958
	2024	3,668,812	17,772,554	484.4%	3,843,191	17,408,323	453.0%	-3.5	0.8572
	2025	3,187,041	17,349,389	544.4%	3,338,521	16,993,831	509.0%	-4.5	0.8203
	2026	2,761,080	16,815,610	609.0%	2,892,314	16,470,991	569.5%	-5.5	0.7850
	2027	2,384,261	16,175,046	678.4%	2,497,585	15,843,555	634.4%	-6.5	0.7512
	2028	2,051,115	15,464,316	753.9%	2,148,605	15,147,390	705.0%	-7.5	0.7188
	2029	1,756,938	14,685,079	835.8%	1,840,445	14,384,123	781.6%	-8.5	0.6879
	2030	1,497,823	13,835,874	923.7%	1,569,014	13,552,321	863.7%	-9.5	0.6583
	2031	1,270,420	12,982,685	1021.9%	1,330,803	12,716,617	955.6%	-10.5	0.6299
	2032	1,071,610	12,097,290	1128.9%	1,122,543	11,849,369	1055.6%	-11.5	0.6028
	2033	898,611	11,177,677	1243.9%	941,322	10,948,602	1163.1%	-12.5	0.5768
	2034	748,947	10,246,006	1368.1%	784,545	10,036,024	1279.2%	-13.5	0.5520
	2035	620,291	9,293,543	1498.3%	649,774	9,103,081	1401.0%	-14.5	0.5282
	2036	510,450	8,366,271	1639.0%	534,712	8,194,812	1532.6%	-15.5	0.5055
	2037	417,258	7,482,256	1793.2%	437,090	7,328,915	1676.8%	-16.5	0.4837
	2038	338,725	6,627,556	1956.6%	354,825	6,491,731	1829.6%	-17.5	0.4629
	2039	273,061	5,822,702	2132.4%	286,040	5,703,372	1993.9%	-18.5	0.4429
Projected Future Experience	2040	218,553	5,072,059	2320.7%	228,941	4,968,112	2170.0%	-19.5	0.4239
	2041	173,674	4,395,807	2531.1%	181,929	4,305,719	2366.7%	-20.5	0.4056
	2042	137,004	3,788,855	2765.5%	143,516	3,711,206	2585.9%	-21.5	0.3882
	2043	107,271	3,231,641	3012.6%	112,369	3,165,412	2817.0%	-22.5	0.3714
	2044	83,375	2,731,953	3276.7%	87,337	2,675,964	3063.9%	-23.5	0.3554
	2045	64,343	2,287,839	3555.7%	67,401	2,240,952	3324.8%	-24.5	0.3401
	2046	49,316	1,904,151	3861.1%	51,660	1,865,128	3610.4%	-25.5	0.3255
	2047	37,534	1,573,418	4192.0%	39,318	1,541,172	3919.8%	-26.5	0.3115
	2048	28,368	1,284,038	4526.3%	29,716	1,257,723	4232.4%	-27.5	0.2981
	2049	21,300	1,038,901	4877.4%	22,313	1,017,610	4560.6%	-28.5	0.2852
	2050	15,893	836,874	5265.8%	16,648	819,724	4923.9%	-29.5	0.2729
	2051	11,780	674,492	5725.6%	12,340	660,669	5353.8%	-30.5	0.2612
	2052	8,676	541,460	6240.5%	9,089	530,363	5835.3%	-31.5	0.2499
	2053	6,353	432,339	6805.4%	6,655	423,479	6363.5%	-32.5	0.2392
	2054	4,626	345,687	7473.4%	4,845	338,603	6988.1%	-33.5	0.2289
	2055	3,347	275,207	8221.4%	3,507	269,567	7687.6%	-34.5	0.2190
	2056	2,407	218,282	9068.9%	2,521	213,808	8479.9%	-35.5	0.2096
	2057	1,720	172,053	10004.2%	1,802	168,527	9354.5%	-36.5	0.2006
	2058	1,221	131,894	10799.4%	1,279	129,191	10098.1%	-37.5	0.1919
	2059	863	100,947	11702.3%	904	98,878	10942.4%	-38.5	0.1837
	2060	604	77,725	12875.6%	632	76,132	12039.5%	-39.5	0.1758
	Past	216,817,780	224,097,410	103.4%	216,817,780	224,097,410	103.4%		
	Future	39,011,989	281,974,895	722.8%	40,603,305	276,571,362	681.2%		
	Lifetime	255,829,770	506,072,305	197.8%	257,421,085	500,668,771	194.5%		
Interest	Factor								
	Past w/ int	409,627,215	318,043,200	77.6%	409,627,215	318,043,200	77.6%		
	Future w/ int	30,903,091	193,397,260	625.8%	32,114,714	189,800,868	591.0%		
	Lifetime w/ int	440,530,307	511,440,460	116.1%	441,741,930	507,844,068	115.0%		

*** Proposed rate increase: 10.0%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% of adverse selection.**

John Alden Life Insurance Company
Virginia Experience Projection
Policy Form: J-5762-P
Exhibit G1

		Before Proposed Rate Increase			With Proposed Rate Increase*			at:	4.70%
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2020	Factor 1.0470
	1992	0	0	0.0%	0	0	0.0%	28.5	3.7024
	1993	7,963	0	0.0%	7,963	0	0.0%	27.5	3.5362
	1994	33,361	0	0.0%	33,361	0	0.0%	26.5	3.3774
	1995	97,407	0	0.0%	97,407	0	0.0%	25.5	3.2258
	1996	99,871	0	0.0%	99,871	0	0.0%	24.5	3.0810
	1997	89,422	0	0.0%	89,422	0	0.0%	23.5	2.9427
	1998	81,190	0	0.0%	81,190	0	0.0%	22.5	2.8106
	1999	68,177	575,230	843.7%	68,177	575,230	843.7%	21.5	2.6844
	2000	65,603	0	0.0%	65,603	0	0.0%	20.5	2.5639
	2001	64,409	0	0.0%	64,409	0	0.0%	19.5	2.4488
	2002	64,625	0	0.0%	64,625	0	0.0%	18.5	2.3389
	2003	65,521	0	0.0%	65,521	0	0.0%	17.5	2.2339
	2004	62,754	0	0.0%	62,754	0	0.0%	16.5	2.1336
Historical Experience	2005	63,334	183,988	290.5%	63,334	183,988	290.5%	15.5	2.0379
	2006	61,092	0	0.0%	61,092	0	0.0%	14.5	1.9464
	2007	58,906	128,292	217.8%	58,906	128,292	217.8%	13.5	1.8590
	2008	54,679	126,870	232.0%	54,679	126,870	232.0%	12.5	1.7756
	2009	46,397	118,141	254.6%	46,397	118,141	254.6%	11.5	1.6958
	2010	47,029	0	0.0%	47,029	0	0.0%	10.5	1.6197
	2011	47,717	6,024	12.6%	47,717	6,024	12.6%	9.5	1.5470
	2012	43,682	266,951	611.1%	43,682	266,951	611.1%	8.5	1.4776
	2013	34,757	0	0.0%	34,757	0	0.0%	7.5	1.4112
	2014	35,615	684,413	1921.7%	35,615	684,413	1921.7%	6.5	1.3479
	2015	33,010	0	0.0%	33,010	0	0.0%	5.5	1.2874
	2016	34,671	158,926	458.4%	34,671	158,926	458.4%	4.5	1.2296
	2017	33,280	0	0.0%	33,280	0	0.0%	3.5	1.1744
	2018	32,828	228,039	694.6%	32,828	228,039	694.6%	2.5	1.1217
	2019	29,238	770,807	2636.3%	29,238	770,807	2636.3%	1.5	1.0713
	2020	20,772	0	0.0%	20,772	0	0.0%	0.5	1.0232
	2021	22,280	175,548	787.9%	22,280	175,548	787.9%	-0.5	0.9773
	2022	18,267	165,167	904.2%	19,135	160,420	838.3%	-1.5	0.9334
	2023	14,896	148,564	997.3%	15,604	142,049	910.3%	-2.5	0.8915
	2024	12,054	131,846	1093.8%	12,627	124,403	985.2%	-3.5	0.8515
	2025	9,675	117,161	1211.0%	10,134	110,547	1090.8%	-4.5	0.8133
	2026	7,693	102,384	1330.9%	8,058	96,604	1198.8%	-5.5	0.7768
	2027	6,074	88,858	1462.9%	6,363	83,842	1317.7%	-6.5	0.7419
	2028	4,748	76,893	1619.6%	4,973	72,552	1458.9%	-7.5	0.7086
	2029	3,674	65,538	1783.9%	3,848	61,838	1606.9%	-8.5	0.6768
	2030	2,813	54,134	1924.1%	2,947	51,078	1733.1%	-9.5	0.6464
	2031	2,131	44,796	2102.3%	2,232	42,267	1893.6%	-10.5	0.6174
	2032	1,595	36,315	2276.4%	1,671	34,265	2050.4%	-11.5	0.5897
	2033	1,180	28,364	2403.8%	1,236	26,763	2165.2%	-12.5	0.5632
	2034	863	22,348	2588.9%	904	21,087	2331.9%	-13.5	0.5379
	2035	624	17,458	2799.4%	653	16,473	2521.5%	-14.5	0.5138
	2036	444	13,529	3045.6%	465	12,765	2743.3%	-15.5	0.4907
	2037	312	10,375	3329.6%	326	9,789	2999.1%	-16.5	0.4687
	2038	215	7,864	3657.3%	225	7,420	3294.2%	-17.5	0.4476
	2039	146	5,900	4045.7%	153	5,567	3644.1%	-18.5	0.4275
Projected Future Experience	2040	97	4,298	4424.5%	102	4,056	3985.3%	-19.5	0.4084
	2041	64	3,069	4828.3%	67	2,895	4349.1%	-20.5	0.3900
	2042	41	2,158	5289.8%	43	2,037	4764.7%	-21.5	0.3725
	2043	26	1,490	5797.5%	27	1,406	5222.0%	-22.5	0.3558
	2044	16	1,015	6395.0%	17	958	5760.2%	-23.5	0.3398
	2045	9	672	7081.4%	10	634	6378.5%	-24.5	0.3246
	2046	6	436	7705.0%	6	411	6940.1%	-25.5	0.3100
	2047	3	279	8458.5%	3	263	7618.8%	-26.5	0.2961
	2048	2	172	9136.9%	2	163	8229.9%	-27.5	0.2828
	2049	1	105	9907.6%	1	99	8924.2%	-28.5	0.2701
	2050	1	62	10762.5%	1	59	9694.1%	-29.5	0.2580
	2051	0	36	11573.8%	0	34	10425.0%	-30.5	0.2464
	2052	0	17	12436.5%	0	16	11202.0%	-31.5	0.2353
	2053	0	9	13247.0%	0	9	11932.1%	-32.5	0.2248
	2054	0	5	13982.0%	0	5	12594.1%	-33.5	0.2147
	2055	0	1	3151.4%	0	1	2838.6%	-34.5	0.2050
	2056	0	0	0.0%	0	0	0.0%	-35.5	0.1958
	2057	0	0	0.0%	0	0	0.0%	-36.5	0.1870
	2058	0	0	0.0%	0	0	0.0%	-37.5	0.1786
	2059	0	0	0.0%	0	0	0.0%	-38.5	0.1706
	2060	0	0	0.0%	0	0	0.0%	-39.5	0.1630
	Past	1,477,311	3,247,681	219.8%	1,477,311	3,247,681	219.8%		
	Future	109,949	1,326,867	1206.8%	114,116	1,268,322	1111.4%		
	Lifetime	1,587,260	4,574,548	288.2%	1,591,426	4,516,003	283.8%		
Interest	Factor								
	Past w/ int	3,252,904	5,186,470	159.4%	3,252,904	5,186,470	159.4%		
	Future w/ int	92,718	1,053,779	1136.5%	96,090	1,009,917	1051.0%		
	Lifetime w/ int	3,345,622	6,240,248	186.5%	3,348,994	6,196,387	185.0%		

*** Proposed rate increase: 10.0%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% of adverse selection.**

John Alden Life Insurance Company
Virginia Experience Projection
Policy Form: J-5875-P
Exhibit G2

		Before Proposed Rate Increase			With Proposed Rate Increase*			at:	4.50%
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2020	Factor 1.0450
	1992	0	0	0.0%	0	0	0.0%	28.5	3.5060
	1993	0	0	0.0%	0	0	0.0%	27.5	3.3550
	1994	0	0	0.0%	0	0	0.0%	26.5	3.2106
	1995	0	0	0.0%	0	0	0.0%	25.5	3.0723
	1996	28,526	0	0.0%	28,526	0	0.0%	24.5	2.9400
	1997	151,723	0	0.0%	151,723	0	0.0%	23.5	2.8134
	1998	184,297	0	0.0%	184,297	0	0.0%	22.5	2.6923
	1999	148,436	0	0.0%	148,436	0	0.0%	21.5	2.5763
	2000	160,258	0	0.0%	160,258	0	0.0%	20.5	2.4654
	2001	156,953	0	0.0%	156,953	0	0.0%	19.5	2.3592
	2002	146,418	0	0.0%	146,418	0	0.0%	18.5	2.2576
	2003	144,371	121,332	84.0%	144,371	121,332	84.0%	17.5	2.1604
	2004	138,038	0	0.0%	138,038	0	0.0%	16.5	2.0674
Historical	2005	141,249	247,434	175.2%	141,249	247,434	175.2%	15.5	1.9783
Experience	2006	126,609	170,064	134.3%	126,609	170,064	134.3%	14.5	1.8932
	2007	121,988	23,436	19.2%	121,988	23,436	19.2%	13.5	1.8116
	2008	118,223	0	0.0%	118,223	0	0.0%	12.5	1.7336
	2009	130,177	28,812	22.1%	130,177	28,812	22.1%	11.5	1.6590
	2010	125,354	210,353	167.8%	125,354	210,353	167.8%	10.5	1.5875
	2011	119,686	1,811	1.5%	119,686	1,811	1.5%	9.5	1.5192
	2012	120,787	43,063	35.7%	120,787	43,063	35.7%	8.5	1.4537
	2013	112,228	132,501	118.1%	112,228	132,501	118.1%	7.5	1.3911
	2014	104,008	461,210	443.4%	104,008	461,210	443.4%	6.5	1.3312
	2015	92,569	137,738	148.8%	92,569	137,738	148.8%	5.5	1.2739
	2016	89,642	29,947	33.4%	89,642	29,947	33.4%	4.5	1.2191
	2017	83,393	293,510	352.0%	83,393	293,510	352.0%	3.5	1.1666
	2018	79,414	235,822	297.0%	79,414	235,822	297.0%	2.5	1.1163
	2019	76,487	53,948	70.5%	76,487	53,948	70.5%	1.5	1.0683
	2020	80,866	118,330	146.3%	80,866	118,330	146.3%	0.5	1.0223
	2021	82,506	270,372	327.7%	82,506	270,372	327.7%	-0.5	0.9782
	2022	74,052	286,523	386.9%	77,572	278,289	358.8%	-1.5	0.9361
	2023	66,237	300,083	453.0%	69,386	286,923	413.5%	-2.5	0.8958
	2024	59,067	308,593	522.4%	61,875	291,172	470.6%	-3.5	0.8572
	2025	52,463	314,273	599.0%	54,956	296,531	539.6%	-4.5	0.8203
	2026	46,400	315,962	681.0%	48,605	298,126	613.4%	-5.5	0.7850
	2027	40,822	312,481	765.5%	42,762	294,841	689.5%	-6.5	0.7512
	2028	35,718	307,211	860.1%	37,415	289,869	774.7%	-7.5	0.7188
	2029	31,071	298,454	960.6%	32,548	281,606	865.2%	-8.5	0.6879
	2030	26,861	286,205	1065.5%	28,137	270,048	959.7%	-9.5	0.6583
	2031	23,046	274,402	1190.7%	24,141	258,912	1072.5%	-10.5	0.6299
	2032	19,620	257,907	1314.5%	20,552	243,348	1184.0%	-11.5	0.6028
	2033	16,572	235,657	1422.0%	17,360	222,354	1280.9%	-12.5	0.5768
	2034	13,886	212,472	1530.2%	14,546	200,478	1378.3%	-13.5	0.5520
	2035	11,536	188,181	1631.3%	12,084	177,558	1469.4%	-14.5	0.5282
	2036	9,501	166,466	1752.0%	9,953	157,069	1578.1%	-15.5	0.5055
	2037	7,757	146,258	1885.5%	8,126	138,002	1698.4%	-16.5	0.4837
	2038	6,271	127,688	2036.3%	6,569	120,480	1834.2%	-17.5	0.4629
Projected	2039	5,016	110,937	2211.9%	5,254	104,674	1992.3%	-18.5	0.4429
Future	2040	3,965	93,257	2351.8%	4,154	87,992	2118.4%	-19.5	0.4239
Experience	2041	3,103	75,300	2426.5%	3,251	71,049	2185.6%	-20.5	0.4056
	2042	2,402	61,018	2539.9%	2,517	57,574	2287.7%	-21.5	0.3882
	2043	1,838	48,628	2645.8%	1,925	45,883	2383.2%	-22.5	0.3714
	2044	1,388	38,334	2761.3%	1,454	36,170	2487.2%	-23.5	0.3554
	2045	1,035	30,103	2909.4%	1,084	28,404	2620.6%	-24.5	0.3401
	2046	760	23,347	3071.0%	796	22,029	2766.1%	-25.5	0.3255
	2047	550	17,849	3244.9%	576	16,842	2922.8%	-26.5	0.3115
	2048	392	13,173	3363.0%	410	12,430	3029.2%	-27.5	0.2981
	2049	274	9,538	3476.4%	287	9,000	3131.3%	-28.5	0.2852
	2050	189	6,736	3560.0%	198	6,356	3206.7%	-29.5	0.2729
	2051	128	4,675	3639.9%	135	4,411	3278.6%	-30.5	0.2612
	2052	86	3,182	3716.8%	90	3,002	3347.8%	-31.5	0.2499
	2053	56	2,129	3810.1%	59	2,009	3431.9%	-32.5	0.2392
	2054	36	1,395	3908.2%	37	1,316	3520.3%	-33.5	0.2289
	2055	22	884	3962.4%	23	835	3569.1%	-34.5	0.2190
	2056	14	547	4029.1%	14	516	3629.2%	-35.5	0.2096
	2057	8	328	4036.0%	9	309	3635.4%	-36.5	0.2006
	2058	5	193	4120.9%	5	182	3711.9%	-37.5	0.1919
	2059	3	110	4157.4%	3	104	3744.7%	-38.5	0.1837
	2060	1	60	4151.4%	2	57	3739.4%	-39.5	0.1758
	Past	2,981,698	2,309,310	77.4%	2,981,698	2,309,310	77.4%		
	Future	644,656	5,150,915	799.0%	671,375	4,887,122	727.9%		
	Lifetime	3,626,354	7,460,225	205.7%	3,653,073	7,196,432	197.0%		
Interest	Factor								
	Past w/ int	5,672,086	3,357,670	59.2%	5,672,086	3,357,670	59.2%		
	Future w/ int	504,344	3,525,808	699.1%	524,480	3,352,521	639.2%		
	Lifetime w/ int	6,176,431	6,883,478	111.4%	6,196,566	6,710,191	108.3%		

*** Proposed rate increase: 10.0%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% of adverse selection.**

John Alden Life Insurance Company
Policy Form: J-5762-P
Exhibit H1
Nationwide Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
Base				
Comprehensive 100% HHC	120	305,204	10%	14%
Comprehensive 50% HHC	429	910,052	36%	42%
Facility Only	649	939,598	54%	44%
Total	1,198	2,154,855	100%	100%
COLA Options				
No COLA	494	729,341	41%	34%
Compound COLA 5%	684	1,398,200	57%	65%
Simple COLA 5%	20	27,314	2%	1%
Total	1,198	2,154,855	100%	100%
Nonforfeiture Options				
None	809	1,289,108	68%	60%
Full ROP	323	722,356	27%	34%
Limited ROP	66	143,391	6%	7%
Total	1,198	2,154,855	100%	100%
Joint/Single Life				
Joint	327	724,295	27%	34%
Single	871	1,430,560	73%	66%
Total	1,198	2,154,855	100%	100%
Billing Mode				
Annual	682	1,241,486	57%	58%
Semi-Annual	61	113,507	5%	5%
Quarterly	126	234,099	11%	11%
Monthly	329	565,762	27%	26%
Total	1,198	2,154,855	100%	100%
Elimination Period				
0 Day	277	524,302	23%	24%
30 Days	9	18,859	1%	1%
90 Days	798	1,405,319	67%	65%
180 Days	114	206,375	10%	10%
Total	1,198	2,154,855	100%	100%
Benefit Period (NH/HH)				
3 Year / 3 Year	198	289,689	17%	13%
Lifetime / Lifetime	1,000	1,865,166	83%	87%
Total	1,198	2,154,855	100%	100%
Issue Age Cohort				
20-29	1	928	0%	0%
30-39	2	1,081	0%	0%
40-49	73	82,340	6%	4%
50-59	371	533,262	31%	25%
60-69	689	1,367,949	58%	63%
70-79	62	169,294	5%	8%
Total	1,198	2,154,855	100%	100%

John Alden Life Insurance Company
Policy Form: J-5875-P
Exhibit H2
Nationwide Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
Base				
Comprehensive w/ Reimbursement HHC	1,002	2,205,768	32%	34%
Comprehensive w/ Indemnity HHC	1,097	2,536,171	35%	40%
Facility Only with ALF	360	658,856	12%	10%
Facility Only	642	994,194	21%	16%
Total	3,101	6,394,988	100%	100%
COLA Options				
No COLA	781	1,230,728	25%	19%
Compound COLA 5%	1,199	2,681,621	39%	42%
Simple COLA 5%	1,121	2,482,639	36%	39%
Total	3,101	6,394,988	100%	100%
Nonforfeiture Options				
None	2,728	5,398,597	88%	84%
Full ROP	257	697,036	8%	11%
SBP NFO	3	11,847	0%	0%
Limited ROP	113	287,509	4%	4%
Total	3,101	6,394,988	100%	100%
Joint/Single Life				
Joint	1,209	2,973,267	39%	46%
Single	1,892	3,421,721	61%	54%
Total	3,101	6,394,988	100%	100%
Billing Mode				
Annual	1,598	3,247,843	52%	51%
Semi-Annual	165	344,415	5%	5%
Quarterly	321	675,628	10%	11%
Monthly	1,017	2,127,102	33%	33%
Total	3,101	6,394,988	100%	100%
Elimination Period				
0 Day	162	345,138	5%	5%
30 Days	485	1,053,912	16%	16%
90 Days	2,303	4,690,425	74%	73%
180 Days	151	305,513	5%	5%
Total	3,101	6,394,988	100%	100%
Benefit Period (NH/HH)				
2 Year / 2 Year	53	75,101	2%	1%
3 Year / 2 Year	23	38,427	1%	1%
3 Year / 3 Year	251	460,279	8%	7%
4 Year / 2 Year	58	119,064	2%	2%
4 Year / 3 Year	28	56,684	1%	1%
4 Year / 4 Year	281	531,133	9%	8%
Lifetime / 2 Year	144	334,608	5%	5%
Lifetime / 3 Year	253	565,919	8%	9%
Lifetime / 4 Year	152	338,023	5%	5%
Lifetime / Lifetime	1,858	3,875,751	60%	61%
Total	3,101	6,394,988	100%	100%
Issue Age Cohort				
20-29	1	609	0%	0%
30-39	10	7,364	0%	0%
40-49	185	248,549	6%	4%
50-59	1,158	2,067,769	37%	32%
60-69	1,591	3,578,544	51%	56%
70-79	156	492,154	5%	8%
Total	3,101	6,394,988	100%	100%

John Alden Life Insurance Company
Policy Form: J-5762-P
Exhibit H3
Virginia Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
Base				
Comprehensive 100% HHC	2	6,606	11%	24%
Comprehensive 50% HHC	4	7,251	22%	26%
Facility Only	12	13,804	67%	50%
Total	18	27,661	100%	100%
COLA Options				
No COLA	3	4,362	17%	16%
Compound COLA 5%	15	23,298	83%	84%
Simple COLA 5%	0	0	0%	0%
Total	18	27,661	100%	100%
Nonforfeiture Options				
None	16	21,105	89%	76%
Full ROP	2	6,556	11%	24%
Limited ROP	0	0	0%	0%
Total	18	27,661	100%	100%
Joint/Single Life				
Joint	4	6,894	22%	25%
Single	14	20,767	78%	75%
Total	18	27,661	100%	100%
Billing Mode				
Annual	8	12,596	44%	46%
Semi-Annual	2	3,322	11%	12%
Quarterly	3	6,519	17%	24%
Monthly	5	5,223	28%	19%
Total	18	27,661	100%	100%
Elimination Period				
0 Day	1	1,664	6%	6%
30 Days	1	1,135	6%	4%
90 Days	16	24,862	89%	90%
180 Days	0	0	0%	0%
Total	18	27,661	100%	100%
Benefit Period (NH/HH)				
3 Year / 3 Year	3	2,759	17%	10%
Lifetime / Lifetime	15	24,902	83%	90%
Total	18	27,661	100%	100%
Issue Age Cohort				
20-29	0	0	0%	0%
30-39	0	0	0%	0%
40-49	0	0	0%	0%
50-59	4	6,743	22%	24%
60-69	13	18,501	72%	67%
70-79	1	2,416	6%	9%
Total	18	27,661	100%	100%

John Alden Life Insurance Company
Policy Form: J-5875-P
Exhibit H4
Virginia Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
Base				
Comprehensive w/ Reimbursement HHC	21	39,555	41%	46%
Comprehensive w/ Indemnity HHC	22	35,875	43%	42%
Facility Only with ALF	0	0	0%	0%
Facility Only	8	10,421	16%	12%
Total	51	85,850	100%	100%
COLA Options				
No COLA	10	14,273	20%	17%
Compound COLA 5%	27	49,179	53%	57%
Simple COLA 5%	14	22,399	27%	26%
Total	51	85,850	100%	100%
Nonforfeiture Options				
None	45	75,585	88%	88%
Full ROP	5	6,992	10%	8%
SBP NFO	0	0	0%	0%
Limited ROP	1	3,273	2%	4%
Total	51	85,850	100%	100%
Joint/Single Life				
Joint	17	30,248	33%	35%
Single	34	55,603	67%	65%
Total	51	85,850	100%	100%
Billing Mode				
Annual	22	35,637	43%	42%
Semi-Annual	4	6,237	8%	7%
Quarterly	1	2,948	2%	3%
Monthly	24	41,029	47%	48%
Total	51	85,850	100%	100%
Elimination Period				
0 Day	1	1,858	2%	2%
30 Days	9	16,285	18%	19%
90 Days	37	60,920	73%	71%
180 Days	4	6,788	8%	8%
Total	51	85,850	100%	100%
Benefit Period (NH/HH)				
2 Year / 2 Year	0	0	0%	0%
3 Year / 2 Year	0	0	0%	0%
3 Year / 3 Year	7	13,855	14%	16%
4 Year / 2 Year	0	0	0%	0%
4 Year / 3 Year	1	1,801	2%	2%
4 Year / 4 Year	6	8,742	12%	10%
Lifetime / 2 Year	2	1,754	4%	2%
Lifetime / 3 Year	4	4,347	8%	5%
Lifetime / 4 Year	5	7,454	10%	9%
Lifetime / Lifetime	26	47,897	51%	56%
Total	51	85,850	100%	100%
Issue Age Cohort				
20-29	0	0	0%	0%
30-39	0	0	0%	0%
40-49	5	8,040	10%	9%
50-59	28	40,733	55%	47%
60-69	17	33,244	33%	39%
70-79	1	3,834	2%	4%
Total	51	85,850	100%	100%

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: John Alden Life Insurance Company (NAIC: 65080)

SERFF Tracking Number: LFCR-133039445

Revised Rates

Average Annual Premium Per Member: $1,261.24

Average Requested Percentage Rate Change Per Member: 10%

Range of Requested Rate Changes: N/A

Number of Virginia Policyholders Affected: 90

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
J-5762-P-VA	Independent Life Plan	5/13/1993 - 3/7/1996	10/2/2008 - 25% 10/24/2019 - 20%	We plan to file for another increase in the following year.
J-5875-P-VA, J-5875-P-VA (Q)& (NQ)	Lifetime Independence Plan	3/18/1996 - 3/21/2000	10/2/2008 - 25% 10/24/2019 - 20%	We plan to file for another increase in the following year.

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx.

John Alden Life Insurance Company
Policy Forms: J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q) & (NQ)
Summary of Key Information Used to Determine Rates

The company is requesting the approval of a flat increase of 10% on the current base rates for the titled policy forms.

As part of the in-force management of the business, the company and its reinsurers regularly conduct experience analysis to determine the current best estimate assumptions, and lifetime loss ratios are projected using these assumptions. Recent studies indicate that the mortality and lapse experience have been unfavorable and are expected to remain lower than the pricing assumptions going forward. A rate increase is needed to adjust to this current experience and to maintain a reasonable lifetime loss ratio.

ASSURANT

John Alden Life Insurance Company
Administrative Office
11222 Quail Roost Drive
Miami, FL 33157

February 23 2021

LifeCare Assurance Company
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367

RE: John Alden Life Insurance Company (NAIC 65080)

Dear LifeCare Assurance Company:

This letter gives LifeCare Assurance Company the authorization to submit for review and approval long term care products and associated forms and materials for and in the name of John Alden Life Insurance Company.

Sincerely,

Paula SeGuin

Paula SeGuin
President
Paula.seguin@assurant.com
(315)637-4232 Ext. 2832910

J-NPRI-VA

Heading:

[DATE] – Mailing date that will vary based on the policyholder's anniversary date.
[INSURED NAME] – Name of policyholder.
[INSURED ADDRESS] – Address line 1 of policyholder.
[CITY, STATE, ZIP] – Address line 2 of policyholder.
[POLICY NUMBER] – Policy number of policyholder.

What is Happening:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.
[modal] – The modal will be yearly, semi-annually, quarterly, monthly based on policyholder selection.
[$xxx.xx to $yyy.yy] – The first number is the current premium amount. The second number is the new premium amount.
[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.
[Month XX, 20YY + 1] – This date will vary based on the policyholder's anniversary date. This is the date the second part of the rate increase will go into effect for the policyholder.
[Month XX, 20YY + 2] – This date will vary based on the policyholder's anniversary date. This is the date the third part of the rate increase will go into effect for the policyholder.
[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.
[xxxx.xx] – This is the new premium amount after the first increase.
[xx.x%] – This is the first increase percentage.
[Month XX, 20YY+1] – This date will vary based on the policyholder's anniversary date.
[yyyy.yy] – This is the new premium amount after the second increase.
[yy.y%] – This is the second increase percentage.
[Month XX, 20YY+2] – This date will vary based on the policyholder's anniversary date.
[zzzz.zz] – This is the new premium amount after the third increase.
[zz.z%] – This is the third increase percentage.

[If you have qualified for Waiver of Premium,…] – The paragraph will only be included if the policyholder qualifies for Waiver of Premium.

What are My Options:

[$xxx.xx to $yyy.yy] – The first number is the current daily benefit amount. The second number is the reduced daily benefit amount which will vary depending on policyholder selection.
[modal] – The modal will be yearly, semi-annually, quarterly, monthly based on policyholder selection.
[$zzz.zz] – This is the new premium amount based on the reduced daily benefit amount.

[Nonforfeiture Option: …] – This option will be included if the policyholder has a nonforfeiture rider.

[Contingent Benefit Upon Lapse Option: …] – This option will be included if the policyholder has a limited nonforfeiture rider or no nonforfeiture rider.

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.
[Month XX, 20YY] – Same as above.
[Month XX, 20YY] – Same as above.

J-CCR-VA

Heading:
[DATE] – Mailing date that will vary based on the policyholder's anniversary date.
[INSURED NAME] – Name of policyholder.
[INSURED ADDRESS] – Address line 1 of policyholder.
[CITY, STATE, ZIP] – Address line 2 of policyholder.
[POLICY NUMBER] – Policy number of policyholder.

Second Paragraph:
[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.
[Month XX, 20YY] – Same as above.

1st Bullet-Point:
[$xxx.xx to $yyy.yy] – The first number is the current daily benefit amount. The second number is the reduced daily benefit amount which will vary depending on policyholder selection.
[modal] – The modal will be yearly, semi-annually, quarterly, monthly based on policyholder selection.
[$zzz.zz] – This is the new premium amount if option one is selected.
[Month XX, 20YY] – This date will vary based on policyholder's anniversary date.

2nd Bullet-Point:
[Exercise the paid-up option… through the **Non-Forfeiture Rider**] – This option will be included if the policyholder has a nonforfeiture rider.

3rd Bullet-Point:
[Exercise the paid-up option… through the **Contingent Benefit Upon Lapse Option**] – This option will be included if the policyholder has a limited nonforfeiture rider or no nonforfeiture rider.

Statement of Variability for Endorsement form JA-E-BR-VA for use with Guaranteed Renewable Long Term Nursing Care Policy J-5762-P-VA

Bracket #1 The Policy number will appear which varies by policyholder.
Bracket #2 The Effective date of the change will appear which varies by policyholder.
Bracket #3 The change/benefit reduction will appear which varies by policyholder. The variations are the following:

[The Lifetime Benefit Period has been reduced to 3 Years.]

[The 90 Days Elimination Period has been changed to 180 Days.]

[The Daily Benefit Amount has been reduced to $XX.XX.]

[The Home Health Care Benefit Rider has been deleted from your policy.]

[The Home Health Care Benefit Rider amount has been reduced from 100% of the Daily Benefit Amount to 50% of the Daily Benefit Amount.]

[The First Day Coverage Benefit Rider has been deleted from your policy.]

[The Lifetime Cost of Living Adjustment Rider has been deleted from your policy.]

[The Full Survivor Benefit and Continuation of Covearge Rider has been deleted from your policy.]

[The Limited Survivor Benefit Benefit and Continuation of Coverage Rider has been deleted from your policy.]

Bracket #4 The city and state of the company's current home office.
Bracket #5 The signature of the company's current secretary.
Bracket #6 The signature of the company's current president.

Statement of Variability for Endorsement form JA-E-BR-VA for use with Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA, Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA(Q) and Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA(NQ)

Bracket #1 The Policy number will appear which varies by policyholder.
Bracket #2 The Effective date of the change will appear which varies by policyholder.
Bracket #3 The change/benefit reduction will appear which varies by policyholder. The variations are the following:

[The Daily Benefit Amount has been reduced to $XX.XX.]

[The Lifetime Benefit Period has been reduced to 4 Years.]
[The Lifetime Benefit Period has been reduced to 3 Years.]
[The Lifetime Benefit Period has been reduced to 2 Years.]
[The 4 Year Benefit Period has been reduced to 3 Years.]
[The 4 Year Benefit Period has been reduced to 2 Years.]

[The 3 Year Benefit Period has been reduced to 2 Years.]

[The Benefit Period for the Optional Home and Community Based Care Coverage has been reduced to 4 Years.]
[The Benefit Period for the Optional Home and Community Based Care Coverage has been reduced to 3 Years.]
[The Benefit Period for the Optional Home and Community Based Care Coverage has been reduced to 2 Years.]

[The 0 Days Elimination Period has been changed to 30 Days.]
[The 0 Days Elimination Period has been changed to 90 Days.]
[The 0 Days Elimination Period has been changed to 180 Days.]
[The 30 Days Elimination Period has been changed to 90 Days.]
[The 30 Days Elimination Period has been changed to 180 Days.]

[The Reimbursement Benefit Rider has been deleted from your policy.]
[The Maximum Daily Benefit Amount for the Reimbursement Benefit Rider has been reduced to $XX.XX.]

[The Indemnity Benefit Rider has been deleted from your policy.
[The Indemnity Benefit Rider Daily Benefit Amount has been reduced to $XX.XX.]

[The Assisted Living Facility Benefit Rider has been deleted from your policy.]
[The Shortened Benefit Period Rider has been deleted from your policy.]
[The Full Continuation of Coverage Rider has been deleted from your policy.]
[The Limited Continuation of Coverage Rider has been deleted from your policy.]

[The Compound Interest Cost of Living Adjustment Rider has been deleted from your policy.]
[The Simple Interest Cost of Living Adjustment Rider has been added to your policy.]
[The Simple Interest Cost Of Living Adjustment has been deleted from your policy.]

Bracket #4 The city and state of the company's current home office.
Bracket #5 The signature of the company's current secretary.
Bracket #6 The signature of the company's current president.

Statement of Variability for Endorsement form JA-E-NF-VA for use with Guaranteed Renewable Long Term Nursing Care Policy J-5762-P-VA, Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA, Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA(Q) and Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA(Q)

Bracket #1 The Policy number will appear which will vary by policyholder.
Bracket #2 The effective date of the change will appear which will vary by policyholder.
Bracket #3 The Nonforfeiture Benefit Amount will appear which will vary by policyholder.
Bracket #4 The city and state of the company's current home office.
Bracket #5 The signature of the company's current secretary.
Bracket #6 The signature of the company's current president.

Statement of Variability for Endorsement form JA-E-CNF-VA for use with Guaranteed Renewable Long Term Nursing Care Policy J-5762-P-VA, Guaranteed Renewable Long

Term Nursing Care Policy J-5875-P-VA, Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA(Q) and Guaranteed Renewable Long Term Nursing Care Policy J-5875-P-VA(Q)

Bracket #1 The Policy number will appear which will vary by policyholder.
Bracket #2 The effective date of the change will appear which will vary by policyholder.
Bracket #3 The Non-Payment Option Amount will appear which will vary by policyholder.
Bracket #4 The city and state of the company's current home office.
Bracket #5 The signature of the company's current secretary.
Bracket #6 The signature of the company's current president.

John Alden LIFE INSURANCE COMPANY

Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8104 / FAX (818) 887-4595

November 18, 2021

John Doe
123 Main St
Anytown, USA

COVERAGE CHANGE REQUEST FORM

Re: Your Long-Term Care Insurance 12 123456789

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage-paid envelope to:

John Alden Life Insurance Company
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by January 2, 2022. If your Coverage Change Request Form is not received by February 1, 2022, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

If you wish to discuss other options, please contact your agent or our office at 888-503-8104.

Please indicate your choice by checking one of the options below. If you do not check any option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

☐ **Reduce my current daily benefit amount** from $100.00 to $90.00 which will result in an annual premium of $1,080.00 beginning with the premium payment that is due February 1, 2022. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.

☐ Exercise the paid-up option with a reduced benefit amount through the **Non-Forfeiture Rider** provided by my policy.
Please note: Please refer to the specific rider attached to the policy for additional details regarding the rider terms. By exercising this option, your benefit amount will be replaced with the amount specified in your rider.

Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8104 / FAX (818) 887-4595

JohnAlden®
LIFE INSURANCE COMPANY

☐ Exercise the paid-up option with a reduced benefit amount through **Contingent Benefit Upon Lapse Option** provided by the Company.
Please note: As this paid-up option starts on the effective date of the premium increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date.

Signature of Policyholder ____________________ Date Signed ____________

Signature of Joint Policyholder (if applicable) ____________________ Date Signed ____________

Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8104 / FAX (818) 887-4595

John Alden®
LIFE INSURANCE COMPANY

November 18, 2021

John Doe
123 Main St
Anytown, USA

NOTICE OF PREMIUM RATE INCREASE

Re: John Alden Life Insurance Company Long-Term Care Insurance
12 123456789

Dear Policyholder,

What is Happening

We are writing to inform you of an upcoming premium increase of our long-term care policies, which will impact your current policy with our company.

To help ease the impact of this rate increase, we'll implement the increase in stages according to the schedule outlined below. We'll send you a notification letter in advance of each scheduled increase.

The first increase will be effective February 1, 2022, your next policy anniversary date. As a result, your annual premium payment will increase from $1,000.00 to $1,200.00, beginning with the premium payment that is due February 1, 2022. Your premium will also increase effective February 1, 2023 and February 1, 2024.

Policy Anniversary	Premium after Rate Increase	Percent of Increase
February 1, 2022	$1,200.00	20.0%
February 1, 2023	$1,440.00	20.0%
February 1, 2024	$1,728.00	20.0%

Instead of paying the higher premiums, you can choose to change your policy's benefits or features. We've listed your options on the next page.

Why it's Happening

Many factors have changed that impact the price of long-term care policies. For example, long-term care costs are rising, and people need long-term care longer because they're living longer. For these reasons, we're paying higher amounts of benefits. We need to increase premiums to keep up with costs.
You're not being singled out for a premium increase because of changes in the insured's age, health, claims history, or other individual characteristics.

Your long-term care insurance policy is guaranteed renewable. It means as long as you pay your premium, we cannot cancel or refuse to renew your policy, but we may increase premium rates.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

As experience develops, your policy may be subject to additional rate increases in the future. However, John Alden Life Insurance Company remains committed to meeting your long-term protection needs at the lowest cost possible.

<u>What are My Options</u>

We understand that a premium increase may be difficult, and we are committed to helping you understand your options so that you can make the best decision for your personal situation. Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from $100.00 to $90.00, your annual premium would be $1,080.00. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community-based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time during which you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium.
- **Contingent Benefit Upon Lapse Option**: Under this option, if you choose not to pay any future premiums, and your policy lapses within 120 days of the rate increase effective date, February 1, 2022, you may convert your policy to a paid-up status with reduced benefits and no future premiums will be due. The policy will continue under its current terms, but the benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. In no event will the benefits under this option exceed the maximum benefits that would be payable if the policy remained in a premium paying status. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. By exercising a Contingent Benefit Upon Lapse option, you may significantly reduce your policy benefits. Therefore, careful consideration is strongly recommended.

All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by January 2, 2022. In doing so, you will ensure your requested changes are processed prior to February 1, 2022, the date on which the premium increase for your policy takes effect.

If your Coverage Change Request Form is not received prior to February 1, 2022, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8104, Monday through Friday, from 7 a.m. to 5 p.m. Pacific Time.

Sincerely,

John Alden Life Insurance Company

Enclosures:
Coverage Change Request Form
Business Reply Envelope

December 9, 2021

Bill Dismore
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

RE: JOHN ALDEN LIFE INSURANCE COMPANY
FORM NUMBER(S): J-5762-P-VA, J-5875-P-VA, J-5875-P-MI (Q)&(NQ)
TRACKING NUMBER: LFCR-133039445

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated November 17, 2021 for the above referenced filing.

Objection 1

- **Product Checklist (Supporting Document)**

Comments:

Please complete, sign and date the required "Long-Term Care Rate Revision Checklist." It can be obtained through SERFF or through:
https://www.scc.virginia.gov/getattachment/f261515d-6543-4c5e-aada-cadf5fe5f14f/Long-Term-Care-Rate-RevisionChecklist.pdf

Please find the requested checklist attached: *Long-Term-Care-Rate-Revision-Checklist*.

Objection 2

- **Long Term Care Insurance Rate Request Summary (Supporting Document)**

Comments:

Please place the SERFF Tracking Number on the Rate Request Summary.

The Rate Request Summary has been updated to include the SERFF Tracking Number.

Objection 3

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

Please explain if the rate increases previously approved on 10/24/2019 under SERFF Tracking #'s LFCR-130937845 has been fully implemented.

Yes, as of the time of this filing, the referenced rate increase has been fully implemented.

Objection 4

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Please find the requested information in attachments Q4.1 & Q4.2 in the attached file: *JALIC VA Response Attachments 11 17 21.xlsx*.

Objection 5

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

For all projections requested in this question, the baseline should comply with the following:

a. **Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.**

   Not applicable because all active limited-pay policies are now paid-up and not subject to this requested rate increase, and therefore, only lifetime-pay policies are included in the historical experience and future projections.

b. **For the pre-stability block, assumptions are to be best-estimate. Please confirm.**

   Confirmed.

c. **Premiums should be at the Virginia rate level for both historical and projected future.**

   Please find the baseline nationwide exhibits revised to be at Virginia rate level in exhibits F, F1, and F2 of the attached file: *JALIC VA Response Attachments 11 17 21.xlsx*.

d. **Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.**

   The baseline nationwide exhibits use the appropriate maximum valuation interest rate.

Objection 6

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

To assist the Virginia Bureau of Insurance in its review, for each of the subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

a. **Current assumptions and current rates**
b. **Current assumptions with the proposed rate increase**
c. **Current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception**

d. **Actual historical experience to the projection date and future projections based on the prior assumptions (to be used in the Prospective PV test)**
e. **Original assumptions and original premiums from inception**
f. **Provide the active life reserves balance as of the projection date on a nationwide basis.**

Projections a-f can be separate tabs or combined into separate columns on the same exhibit.

Please find projections a-e in attachments Q6.a-Q6.e of the attached file: *JALIC VA Response Attachments 11 17 21.xlsx.*

The active life reserve balance as of the projection date on a nationwide basis as requested in part f is provided below:

	J-5762-P	J-5875-P
Active Life Reserves	51,425,377	208,041,448

Objection 7

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

1) **Please provide details of the original assumptions used.**
2) **Please advise if the current assumptions are consistent with the most recent asset adequacy testing.**

1) Please find the original assumptions used in Section 10 of the Actuarial Memorandum.
2) This block is 100% reinsured, and no asset adequacy reserves have been established by John Alden Life Insurance Company.

Objection 8

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

Please provide a discussion of the level of credibility the Company placed on the actual claims and how that was considered in the adjustment made to the LTCGs.

We are unsure what “LTCG” means in this question and are hoping you can clarify this. In the meantime, find a discussion of credibility as it relates to our morbidity assumptions below.

Regarding credibility, we use Florida’s insurance regulation (FAC Rule 69O-149.0025) to determine credible data. For policy forms with low expected claims frequency, a total of 1,000 claims shall be assigned 100 percent credibility; 200 claims shall be assigned 0 percent credibility. If 100 percent credibility is not achieved by using the most recent five year period, the data from the most recent five year period only shall be used. Long Term Care insurance falls into this category of policy forms with low expected claim frequency.

The company has a total 1,267 claims incurred between 2016 and 2020, which is 100 percent credible in aggregate, but may not be 100 percent credible at each individual attained age. In comparison, the reinsurer’s portfolio from 14 client companies contains over 7,800 claims incurred between 2016 and 2020. Since the reinsurer’s pool has much more claims, we use its combined experience as a base to set morbidity assumptions.

Objection 9

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

Please provide all projections required to compute the "Prospective PV" and "If Knew/Makeup Blend" allowable increases as currently under consideration by the NAIC.

Please find the projections required for the "Prospective PV" method in attachments Q9.1-Q9.2 and the projections required for the "If Knew/Makeup Blend" method in attachments Q9.3-Q9.4 of the attached file: *JALIC VA Response Attachments 11 17 21.xlsx*.

For the "Prospective PV" projections, we are providing projections under original pricing assumptions in addition to projections under prior filing assumptions because we believe they are more appropriate for the calculation. Since the prior filings' assumptions were generally more conservative than our current best estimate assumptions, most of the rate increase is not attributed to the change in assumptions since then. Therefore, we believe that the projections using the original pricing assumptions may be more relevant. Ultimately, we believe our current best estimate assumptions justify our current rate increase request, as seen by our loss ratio demonstrations in the actuarial memorandum.

We would like to note that the "If Knew/Makeup Blend" allowable increase method assumes the company's failure to charge the higher premium rate from policy inception to be a "past loss" that cannot be recouped. The way of determining a "past loss" is perhaps intended to reflect an opportunity cost of not charging higher past premiums. Though in reality, there is no opportunity for a company to have this perfect knowledge from policy inception.

The NAIC task force had an extensive discussion on this topic, and it agreed that it is not realistic to define past losses in this way. This line of reasoning dramatically expands the risk in the product, injecting additional pricing risk by not allowing companies to seek the appropriate premium levels needed to maintain the future financial health of the policies.

For more information on the discussion, please find the last three paragraphs of page 5 (of 6) here: https://www.actuary.org/sites/default/files/files/publications/LTCI_Considerations_103118.pdf. This paper refers to the relevant approach as the "Phantom Premium" approach, and states: *"This [Phantom Premium] approach can cause serious solvency concerns, especially when companies have older blocks of business. Therefore, it would be inappropriate to use the 'Phantom Premium' methodology alone to determine the amount of an allowable rate increase."*

Objection 10

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

Please explain why a new rate increase is being requested given that in the previous filing (SERFF # LFCR-130937845) the nationwide lifetime loss ratio with interest, and after implementation of the rate increase, was projected as 130.7% for both forms combined. In this current rate request, the nationwide lifetime loss ratio projected is 120.3%, over 10 points lower than the previous filing.

If the company was comfortable with the previous rate increase producing a loss ratio of 130.7% and the experience indicated a performance of 120.3% loss ratio, explain why an additional rate increase is requested. Demonstrate how this is not a recoupment of past losses by placing a large increase on the remaining policyholders.

Please note that this is a Pre-Rate Stabilization block of business. No prior certifications were made that agreed only to request a rate increase if the experience deteriorated from the previous rate increase filings' assumptions. In the prior rate increase requests, the company did not ask for the full actuarially justified rate increase amount but instead requested a much smaller rate increase to mitigate the burden on the policyholders.

In addition, though not required, the company certified that "if the requested rate increase is approved in full, the company will not file for a future rate increase that would result in a combined nationwide lifetime loss ratio less than 115%."

To demonstrate that this is not a recoupment of past losses, we believe the Prospective PV approach, using original pricing assumptions instead of prior filing assumptions, is appropriate since it considers only future projections for active, premium-paying policyholders. Please refer to Attachments Q10.1 and Q10.2 in *JALIC VA Response Attachments 11 17 21.xlsx* for a demonstration of the Prospective PV approach. As explained in our response to Objection 9, we are using original pricing assumptions instead of the prior filing's assumptions.

The table below provides the allowable rate increases using the Prospective PV approach compared to the cumulative requested increases on a nationwide basis. As can be seen in this table, the cumulative requested increase is considerably less than that allowable under the Prospective PV approach.

"Prospective PV" Allowable Increases and
Requested Increase by Policy Form
Based on Nationwide Experiences

Policy Form	Nationwide Allowable Increases	Nationwide Cumulative Requested Increases
J-5762	403.9%	159.2%
J-5875	405.9%	159.2%

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary
818-867-2232
Phillip.Oh@LifeCareAssurance.com

December 21, 2021

Bill Dismore
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

RE: JOHN ALDEN LIFE INSURANCE COMPANY
FORM NUMBER(S): J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q)&(NQ)
TRACKING NUMBER: LFCR-133039445

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated December 21, 2021 for the above referenced filing.

Objection 1

- **Long Term Care Insurance Rate Request Summary (Supporting Document)**

Comments:
Please consider revising the rate request narrative so that it can be read and understood by a typical policyholder audience who does not have actuarial or insurance terminology knowledge.

The Rate Request Summary has been updated to be understood by a typical policyholder audience.

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary
818-867-2232
Phillip.Oh@LifeCareAssurance.com

January 10, 2022

Bill Dismore
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

RE: JOHN ALDEN LIFE INSURANCE COMPANY
FORM NUMBER(S): J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q)&(NQ)
TRACKING NUMBER: LFCR-133039445

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated January 5, 2022 for the above referenced filing.

Objection 1

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:
JALIC VA Response Attachments 11_17_21.xlsx

1. **Please resubmit projections Q6.a, Q6.b and Q6.d so that they use the Virginia Rate Level Premium rather than the actual nationwide premium.**

   Please find revised versions of projections Q6.a, Q6.b, and Q6.d using Virginia Rate Level Premium in the attached file: *JALIC VA Response Attachments 01 05 22.xlsx.*

2. **Projection Q6.e should not use actual incurred claims. The purpose of this projection is to show what would have happened if mortality, lapse and morbidity had played out exactly as originally assumed for the actual cohort of policies issued.**

   Please find projection Q6.e with projected incurred claims and premiums based on the actual cohort of policies issued and original assumptions in the attached file: *JALIC VA Response Attachments 01 05 22.xlsx.*

   Note that the premiums in projection Q6.e were also changed from actual to projected in this revision.

3. **Please split the Active Life Reserves balances according to the six subsets of business included in the Q6 projections.**

   Please find the split Active Life Reserves in Attachment Q6.f of the attached file: *JALIC VA Response Attachments 01 05 22.xlsx.*

   The initial Active Life Reserves provided in the last objection contained lifetime pay and 10 pay policies. Since the scope of this filing is lifetime pay policies only, the Active Life Reserves provided in this objection only contain lifetime pay policies.

4. **Please explain the difference between what is presented in columns F & G of Q9.1 and Q9.2 compared to the future years in Q6.d. Both are represented to be original assumptions applied to the current cohort of policies as of the projection date, but the sums of earned premiums and incurred claims in Q9.1 plus Q9.2 do not equal the sum of the six subsets in Q6.d for either premiums or claims.**

   Since Attachment Q6.d represents the prior assumptions, it should not be compared with columns F & G of Q9.1 and Q9.2 which represent original assumptions.

   Note that the projected experience in Attachments Q6.a, Q6.b, Q6.c, and Q6.d contains active and on waiver policies which is consistent with the projections in Exhibits F and G of the Act Memo. This differs from the projections in Q9 which contain only active policies.

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary
818-867-2232
Phillip.Oh@LifeCareAssurance.com

March 4, 2022

Bill Dismore
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

RE: JOHN ALDEN LIFE INSURANCE COMPANY
FORM NUMBER(S): J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q)&(NQ)
TRACKING NUMBER: LFCR-133039445

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated February 8, 2022 for the above referenced filing.

Objection 1

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

The Company's responses related to the Prospective PV approach do not follow the methodology recommended by the NAIC task force, specifically regarding how to account for previous rate increases which were less than could have been requested at the time. Please refer to the attached document which outlines the procedures to follow for the Transition Provision.

The Company's initial responses related to the Prospective PV (PPV) approach provided projections for active lives under original pricing assumptions. Regarding the Transition Provision, we are now providing our calculations for the PPV approach with the transition rate increase applied. Attachments Q1.A.1 and Q1.B.1 show our revised PPV calculation using Prior Assumptions and the transitional rate increase. The calculation of the transition rate increase in attachments Q1.A.2 and Q1.B.2 is based on the rate request from the Company's prior filing under SERFF# LFCR-130937845. See attachments indexed below in the attached file: *John Alden VA Response Attachments 02 08 22.xlsx*.

- *Attachment Q1.A.1*: J-5762-P Revised PPV Calculation
- *Attachment Q1.A.2*: J-5762-P Transition Rate Increase Calculation
- *Attachment Q1.A.3*: J-5762-P PPV Calculation as of Prior Filing
- *Attachment Q1.B.1:* J-5875-P Revised PPV Calculation
- *Attachment Q1.B.2*: J-5875-P Transition Rate Increase Calculation
- *Attachment Q1.B.3*: J-5875-P PPV Calculation as of Prior Filing

Objection 2

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

The Company's responses related to the Blended If-Knew/Make-up approach do not follow the methodology recommended by the NAIC task force, specifically regarding the blending of If-Knew and Makeup by remaining percentage of inforce policyholders and the

application of cost-sharing percentages. Please refer to the attached document which outlines the procedures to follow.

Please find the updated Blended If-Knew/Make-up increase in attachments Q2.1 and Q2.2 of the attached file *John Alden VA Response Attachments 02 08 22.xlsx*. Note that we are updating the "Minimum loss ratio applicable to the form" since the prior version to be each form's respective original pricing loss ratios as shown below. The prior version showed 60% for both.

J-5762-P: 64.2%
J-5875-P: 65.7%

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary
818-867-2232
Phillip.Oh@LifeCareAssurance.com

April 21, 2022

Bill Dismore
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

RE: JOHN ALDEN LIFE INSURANCE COMPANY
FORM NUMBER(S): J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q)&(NQ)
TRACKING NUMBER: LFCR-133039445

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated March 24, 2022 for the above referenced filing.

Objection 1

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:
Rate/Rule Schedule
Please review the Number of Policy Holders Affected for this Program count which is reflecting "90". In the actuarial memorandum the policyholder count is shown as "69". Please review and revise as necessary through Post Submission Update.

There are some joint policies, which consist of two policyholders under a single policy. The number of policyholders referenced in the Number of Policy Holders Affected for this Program count joint policies as two and single policies as one. The number of policies referenced in Exhibit A1 of the actuarial memorandum count both single and joint policies as one.

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary
818-867-2232
Phillip.Oh@LifeCareAssurance.com

April 25, 2022

Bill Dismore
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

RE: JOHN ALDEN LIFE INSURANCE COMPANY
FORM NUMBER(S): J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q)&(NQ)
TRACKING NUMBER: LFCR-133039445

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated March 24, 2022 for the above referenced filing.

Objection 1

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:
Please provide the average age of the Virginia policyholder for each of the policy forms (J-5762 and J-5875).

Please find the average attained age of the Virginia policyholder below.
J-5762: 87
J-5875: 80

Objection 2

- **J-NPO-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**

Comments:

1) **Non-Payment Option must be compliant with 14VAC5-200-185 D. 3. and D. 4. Virginia requirements state that the correct name for this option is Contingent Benefit Upon Lapse (CBUL). The CBUL option should be expressed in language similar to:**
"The paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status."

The fifth bullet point in section "What are My Options" on page 2 has been updated to reflect the suggested language.

Note that we are combining the NFO and CBUL forms into a single form with bracketed language to allow for more flexibility. *J-NPRI-VA* combines *J-NPO-VA* and *J-NFO-VA*. *J-CCR-VA* combines *J-NPO-CCR-VA* and *J-NFO-CCR-VA*. The new forms, redline versions, John Doe versions, and an updated SOV are attached:

- *J-NPRI-VA*
- *J-CCR-VA*
- *Customer Notice SOV*
- *J-NPRI-VA Redline*
- *J-CCR-VA Redline*
- *J-NPRI-VA John Doe*
- *J-CCR-VA John Doe*

2) Please confirm that this option is available to all policyholders even if the triggers are not met as provided in the table under 14VAC5-185 D. 3.

Yes, this option is available to all policyholders even if the triggers from 14VAC5-185 D. 3. are not met.

Objection 3

- **J-NPO-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**
- **J-NFO-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**

Comments:
Per 14VAC5-200-75 A. 4. b. the notification must contain language that explains the policyholder has the right to a revised premium rate or rate schedule.

The required language has been added to the revised combined form. In attached file *J-NPRI-VA*, see paragraph 2 of page 3.

Objection 4

- **J-NFO-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**

Comments:
Please advise that if the "Non-Payment Option" provides a greater benefit to a policyholder than the Nonforfeiture Option, would they have the right to request the Non-Payment Option (CBUL)? Should this be explained in the notification letter?

Yes, the policyholder would have the right to request CBUL. This situation is only possible if the policyholder has a limited nonforfeiture rider. To address this, we revised the notification letter so that policyholders with a limited nonforfeiture rider will be provided the CBUL option in addition to the NFO option. To get more details on the difference in benefits provided between the two options, the policyholder can contact customer service.

Objection 5

- **J-NPO-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**
- **J-NFO-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**

Please confirm that the Mailing Date will be at least 75 days prior to the policyholder's anniversary date and allows additional time for the mail transport and delivery.

Yes, we will comply with this requirement.

Objection 6

- **J-NPO-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**
- **J-NPO-CCR-VA, Other, COVERAGE CHANGE REQUEST FORM (Form) J-NFO-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**
- **J-NFO-CCR-VA, Other, COVERAGE CHANGE REQUEST FORM (Form)**
- **JA-E-NF-VA, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, ENDORSEMENT (Form)**
- **JA-E-CNF-VA, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, ENDORSEMENT (Form)**
- **JA-E-BR-VA, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, ENDORSEMENT (Form)**

Pursuant to 14VAC5-101-110 Each form filing shall include a statement identical to the following that is signed by an officer of the company:

The Flesch reading ease score of the filed policy form is _________.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

____

Signature of Officer

____

Printed Name

____

Title

Please find the Flesch reading ease scores for all filed forms in the attached file: *John Alden VA Flesch Reading Score*.

Objection 7

- **J-NPO-CCR-VA, Other, COVERAGE CHANGE REQUEST FORM (Form)**

For consistency, the "Non-Payment Option" should be changed to the "Contingent Benefit Upon Lapse" option.

The CCR form has been updated to use CBUL language. The revised letter is attached: *J-CCR-VA*.

Objection 8

- **J-NPO-CCR-VA, Other, COVERAGE CHANGE REQUEST FORM (Form)**
- **J-NFO-CCR-VA, Other, COVERAGE CHANGE REQUEST FORM (Form)**

1) **Please clarify if the receipt of the Coverage Change Request Form is based on the postmark date of the envelope containing the form or the "Date Signed" as indicated on the form.**

Receipt of the form is based on the date we receive it at our office.

2) **Please explain if this form can be faxed or scanned and emailed to the company.**

Yes, this form can be faxed or scanned and emailed to the company.

3) **Please explain if the company has an online option available to the policyholder that allows them to complete the change form electronically.**

The company does not have an online option available for policyholders to complete the form electronically.

4) **Please clarify if the coverage changes can be made telephonically with the company.**

No, coverage changes require a written request to be submitted.

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary
818-867-2232
Phillip.Oh@LifeCareAssurance.com

The Flesch reading ease score of the filed policy forms are:

J-NPRI-VA	41.2
J-CCR-VA	42.3
JA-E-BR-VA	49.1
JA-E-CNF-VA	48.2
JA-E-NF-VA	47.2

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

Signature of Officer:

David Hung

Printed Name: David Hung

Title: Vice President

Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8104 / FAX (818) 887-4595

John Alden® LIFE INSURANCE COMPANY

[DATE]

[INSURED NAME]
[INSURED ADDRESS]
[CITY, STATE, ZIP]

COVERAGE CHANGE REQUEST FORM

Re: Your Long-Term Care Insurance [POLICY NUMBER]

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage~~-~~-paid envelope to:

John Alden Life Insurance Company
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY],~~ your policy benefits will remain unchanged and~~ your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

If you wish to discuss other options, please contact your agent or our office at 888-503-8104.

Please indicate your choice by checking one of the options below. If you do not check any option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

☐ **Reduce my current daily benefit amount** from [$xxx.xx to $yyy.yy] which will result in a [modal] premium of [$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.

[

☐ Exercise the paid-up option with a reduced benefit amount through the **Non-**~~Payment~~**Forfeiture Rider** provided by my policy.
Please note: Please refer to the specific rider attached to the policy for additional details regarding the rider terms. By exercising this option, your benefit amount will be replaced with the amount specified in your rider.

]

Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8104 / FAX (818) 887-4595

John Alden®
LIFE INSURANCE COMPANY

[

☐ Exercise the paid-up option with a reduced benefit amount through **Contingent Benefit Upon Lapse** **Option**~~.~~ provided by the Company.
Please note: As this paid-up option starts on the effective date of the premium increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date.

]

~~☐~~

Signature of Policyholder | Date Signed

Signature of Joint Policyholder (if applicable) | Date Signed

Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8104 / FAX (818) 887-4595

John Alden®
LIFE INSURANCE COMPANY
LIFE INSURANCE COMPANY

[DATE]

[INSURED NAME]
[INSURED ADDRESS]
[CITY, STATE, ZIP]

NOTICE OF PREMIUM RATE INCREASE

Re: John Alden Life Insurance Company Long-Term Care Insurance
[POLICY NUMBER]

Dear Policyholder,

What is Happening

We are writing to inform you of an upcoming premium increase of our long-term care policies, which will impact your current policy with our company.

To help ease the impact of this rate increase, we'll implement the increase in stages according to the schedule outlined below. We'll send you a notification letter in advance of each scheduled increase.

The first increase will be effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [$xxx.xx to $yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. Your premium will also increase effective [Month XX, 20YY+1] and [Month XX, 20YY+2].

Policy Anniversary	Premium after Rate Increase	Percent of Increase
[Month XX, 20YY]	[xxxx.xx]	[xx.x%]
[Month XX, 20YY+1]	[yyyy.yy]	[yy.y%]
[Month XX, 20YY+2]	[zzzz.zz]	[zz.z%]

Instead of paying the higher premiums, you can choose to change your policy's benefits or features. We've listed your options on the next page.

[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium; should this occur, you are welcome to contact our customer service associates to discuss the options available to you that may help offset the increase in premium.]

Why it's Happening

Many factors have changed that impact the price of long-term care policies. For example, long-term care costs are rising, and people need long-term care longer because they're living longer. For these reasons, we're paying higher amounts of benefits. We need to increase premiums to keep up with costs.
You're not being singled out for a premium increase because of changes in the insured's age, health, claims history, or other individual characteristics.

Your long-term care insurance policy is guaranteed renewable. It means as long as you pay your premium, we cannot cancel or refuse to renew your policy, but we may increase premium rates.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx. As experience develops, your policy may be subject to additional rate increases in the future. However, John Alden Life Insurance Company remains committed to meeting your long-term protection needs at the lowest cost possible.

What are My Options

We understand that a premium increase may be difficult, and we are committed to helping you understand your options so that you can make the best decision for your personal situation. Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [$xxx.xx to $yyy.yy], your [modal] premium would be [$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community-based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time during which you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- [**Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium.]
- [**Contingent Benefit Upon Lapse Option**: ~~If you find that you are unable or unwilling to pay any further premiums on your policy, John Alden Life Insurance Company is offering a Contingent Benefit Upon Lapse option to our long-term care customers.~~ Under this option, if you choose not to pay any future premiums, ~~instead~~and your policy lapses within 120 days of the rate increase effective date, [Month XX, 20YY], you may convert your policy ~~lapsing and providing~~to a paid-up status with reduced benefits and no future ~~coverage, it~~premiums will be due. The policy will continue under its current terms, but the benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. In no event will the benefits under this option exceed the maximum benefits that would be payable if the policy

remained in a premium paying status. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. ~~This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status~~By exercising a Contingent Benefit Upon Lapse option, you may significantly reduce your policy benefits. Therefore, careful consideration is strongly recommended.]

All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month, XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect.

If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8104, Monday through Friday, from 7 a.m. to 5 p.m. Pacific Time.

Sincerely,

John Alden Life Insurance Company

Enclosures:
Coverage Change Request Form
Business Reply Envelope

May 17, 2022

Bill Dismore
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

RE: JOHN ALDEN LIFE INSURANCE COMPANY
FORM NUMBER(S): J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q)&(NQ)
TRACKING NUMBER: LFCR-133039445

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated June 9, 2022, but received on May 16, 2022, for the above referenced filing.

Objection 1
Please explain how the company defines an "active policy." Include in the explanation if the company considers policies "on waiver" as an active policy since they are not actually "in premium paying status." Clarify if there are any 10-pay payment option policies remaining.

A policy is considered active if it is in premium paying, on-waiver, or paid-up status. In other words, a policy is active if they are inforce, and not necessarily in premium-paying status.

As of year-end 2020, for Nationwide & Virginia, there were 1098 and 8 paid-up policies, respectively. All remaining 10-pay policies are paid-up, and would not be subject to the requested rate increase, so they have been excluded from this rate increase filing.

Objection 2
Explain how the company treats "active life reserves" if future experience was limited only to "active policies." For example, clarify if there are active life reserves remaining on the books if a policy is not an "active policy." If there are reserves in this category, what percentage of total active life reserves does this represent?

There are no active life reserves remaining on the books if a policy is not an active policy.

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary
818-867-2232
Phillip.Oh@LifeCareAssurance.com

June 7, 2022

Bill Dismore
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

RE: JOHN ALDEN LIFE INSURANCE COMPANY
FORM NUMBER(S): J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q)&(NQ)
TRACKING NUMBER: LFCR-133039445

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated May 10, 2022 for the above referenced filing.

Objection 1

- **J-NPRI-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**
- **See J-CCR-VA, Other, See J-CCR-VA Above (Form)**

Comments:
It appears that the address that appears next to the John Alden logo is less than 10-point type size. Pursuant to 14VAC5-101-70 E., "Any form submitted for review or approval shall be printed in at least 10-point type size."

Please confirm that the "Long Term Care Administrative Office", address and contact information is in compliance.

The font size for the address and contact information has been updated to be 10-point. Please find the revised forms attached:

- *J-CCR-VA*
- *J-NPRI-VA*

Objection 2

- **J-NPRI-VA, Other, NOTICE OF PREMIUM RATE INCREASE (Form)**

Comments:
Please clarify how long the "grace period" is for these policy forms.

We are concerned that it may be shorter than the Contingent Benefit Upon Lapse Option which states, "This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date."

The grace period for these policy forms is 31 days. If premium has not been received by the end of the 31-day period, we will send the insured a letter advising them that they have 35 days from the date of the letter to pay their premium.

We updated the letters to remove the automatic language from the CBUL option. A redline copy of the J-NPRI letter is attached. Please find the revised forms and SOV attached:

- *J-NPRI-VA*
- *Customer Notice SOV*
- *J-NPRI-VA John Doe*
- *J-NPRI-VA Redline*

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary
818-867-2232
Phillip.Oh@LifeCareAssurance.com

September 9, 2022

Bill Dismore
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

RE: JOHN ALDEN LIFE INSURANCE COMPANY
FORM NUMBER(S): J-5762-P-VA, J-5875-P-VA, J-5875-P-VA (Q)&(NQ)
TRACKING NUMBER: LFCR-133039445

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated September 9, 2022, for the above referenced filing.

Objection 1
The VA Bureau of Insurance has agreed with the company to a 10% rate increase.

Please revise the proposed premium rate schedule(s), the actuarial memorandum and supporting exhibits and the Long Term Care Insurance Rate Request Summary to support the 10% rate increase. Also, a Post-Submission Update needs to be submitted to revise the Rate/Rule Schedule tab, Company Rate Information.

Please find the revised rate schedules, actuarial memorandum, and Long Term Care Insurance Rate Request Summary attached. The Company Rate Information has been updated as well.

Sincerely,

Phillip Oh, FSA, MAAA
Consulting Actuary
818-867-2232
Phillip.Oh@LifeCareAssurance.com